MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11369

11354

1. PLACE OF DEATH o. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY
b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b LURAL and igive nearest town)	c. CITY OR TOWN (If dutside corporate limits, write RURAL and give nearest town) Battimore
d. NAME OF HOSPITAL (If not in hospital, give street appress) VICTOR CULIEN State Hospital	d. STREET ADDRESS S. Athol Que ON A FARM?, YES ON NO E
3. NAME OF DECEASED (Type or print) Gentrude F. 1	314 myer DEATH 10 25 1961
WIDOWED DIVORCED	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. I
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, eyel if retired) House was the control of the co	Maryland USA
13. FATHER'S NAME Wilhelm Ritter	14. MOTHER'S MAIDEN NAME, Katherine Schanze
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give war or dates of service) 220-20-2892	B Record of Victor aulen Hosp
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Tuberculois -002, Interval BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate couse (a), stating the <u>under-lying couse last.</u> (b) DUE TO (c)	
Seneral Anteriosclerosis	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO BY
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter noture of injury in Port I or Part II of item 1B.)
	CE OF INJURY (Home, farm, 20f. (City ar town) (County) (Stote) ary, street, office bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased fromsaw the deceased alive on 102-5 196, and that deceased	ath occurred at M, from the causes and on the dote stated above.
220. SIGNUR Javis	A.D. ATTENDING MED. STAFF PHYS. 1025 PHYS.
Michael S. ZAVIS	Cullen Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF LOUGON Park	Cem. Baltimorem, Md.
Jaymond E. Greage Thurms	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE CATLARY S. HAME

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF	F DEATH	Reg. Dist. No.

	11	370		CERTI	FICA	IE OF D	EAIF	T.			Reg. Di	ist. No.		1355
o. COU	of DEATH INTY Freder	ick		MARY	(LAND	2. USUAL RESID	ryla		l lived. If in b. CO			der		sion)
RUR/	OR TOWN (If on AL and give near iddleto		s, write	c. LENGTH OF STAY	ears	CITY OR TO		etown		rite RU	RAL and	give nec	rest tow	n)
d. NAM OR I	ME OF HOSPITAL	(If not in hospital, gi	ve street	oddress)		d. STREET AC	DRESS						ON	SIDENCE A FARM?
3. NAME DECEAS (Type of	SED	George		Raymon		Bowe	rs	4. DATE OF DEATH		Month 10		12	y	Yeor 6.
5. SEX	ale	white		RIED NEVER MARRI		1+/15/1	894		9. AGE (In lost birth	1 1	F UNDER	Doys	Hours	ER 24 HRS. Min,
10a. USUA fall	Most of working	(Give kind of work d g life, even if retired)	0	KIND OF BUSINESS C	OR INDUST		CE (State of		ountry)		1	TIZEN O	F WHA	COUNTRY
13. FATHER		V. Bowers	5			14. MOTHER'S A		AME Moo	re					
15. WAS D	unknown) (if)	N U. S. ARMED FORG yes, give wor or dates of se		SOCIAL SECURITY NO	o. 17. IN	ormant . Charl	otte	e Bow	ers,	Addre	dle	tow	m,	Md.
gove	ditions, if any, orise to imme (o), stoting the couse lost. PART II. OTHER	DUE TO	ITIONS C	etastass	is to	L B2			e conditio	N GIVE	N IN PAI	RT 1(o) 1	9. WAS	AUTOPSY DRMED?
O (IF EIT	ACCIDENT WAS ONTRIBUTING C THER, NOTIFY MI	UNDERLYING CAUSE OF DEATH EDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRED.	. (Enter nature of	injury in P	art I or Part	II of item 1	8.}				NO []
	ME OF INJURY Hour o.m. p.m.	Month, Doy, Yeo	While	NJURY OCCURRED Not while t ot work		CE OF INJURY (Horry, street, office			or town)		(County)		(Stote)
ACTU/ SIGNA	AL ATURE	l attended the	-, 12 g	ed from GM 21, and that 1 Harp		.D	450		reet, city or	ses an	d on t		te stat	
bur	oval (Specify)		961	22c. NAME OF CEM		etery		Midd	rion (city, r	wn,	Md		(Sto	le}
	adhill		, M:	ADDRESS iddletowr	ı, Mö		240. REC'E	BY REGIST			RAR'S SI		RE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 d in by the funeral director, my be retained by the haspital ar attending physician.

C. ERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Page the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

The manage	E OF DEATH		4521	
				A China I II

The supplemental of the state o

FOR STATE HEALTH DEPT. PULTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after deal any delay is necessary, posses execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3. The funeral director, Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any everywhith 72 hours after death.

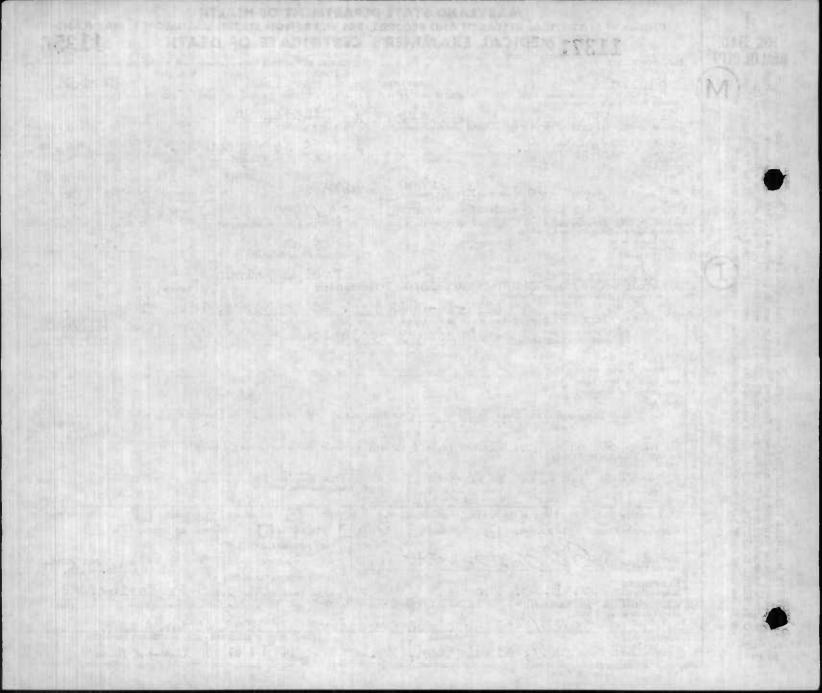
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1.274 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1.254

	1	13/1 WED	ICAL	EXAMINER	3 64	KIIFICA	IE OI	DEATH	- 100	AAC	101)
	PLACE OF DEATH				2. U	SUAL RESIDEN	ICE (Whera	a decaasad lived, If		idence befo	re edmission)
	Frederick	_		MARYLAND		Maryl	and	b. COU		eric	r
)	b. CITY OR TOWN (if	outsida corporate limit	s,	c. LENGTH OF STAY IN 1				corporete limits, writ			N. 100
	0.04 7 5 5 5	give neerest town)		77 **********	V						
-	Middleto		not in hor	/ years	-	Middle STREET ADDRESS	COMII			1 - 1	S RESIDENCE
				oner, give silver oddress;	1			m 1		(ON A FARM?
		ferson St	•				ffer			YES	
3.	NAME OF DECEASED	First		Middle		Last	4. DAT	E Monti	n	Dey	Yeer
	(Type or print)	Howar	A	Elwood	Bo	uri o	DEA	тн]() 1	.6	19 61
5.	SEX	6. COLOR OR KACE	7. MARRIE	NEVER MARRIED	B. DATE	OF BIRTH		9. AGE (In yeers	1	AR IF UN	DER 24 HRS.
	male	negro	WIDOWE	DIVORCED	2	14/7900)	lest birthdey)	Months De	ys Hour	s Min.
100	. USUAL OCCUPATION	ON (Give kind of work king life, even if retired		ND OF BUSINESS OR INDU	STRY 11.	BIRTHPLACE (State	or foraign	country)	12. CITIZE	N OF WHA	T COUNTRY?
- Oc	laborer	king me, even it remed	'	arage	1	laryland			U.	S.	
13.	FATHER'S NAME			al ab		OTHER'S MAIDEN				D .	_
	1,14774	am Bowie				Evelyn	Taid	on			
15.		R IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17	INFOR		TIGHTO	Address			_
{Ye		yes give weror detes of se					D			200	
_	no	ENTH (Fater only one	12,	17-10-0832 ne for (e), (b), end (c),	Mrs.	Edith	DOMI	e, Midd.	rerown		
		WAS CAUSED BY:	causa per n		00711	aton			11.34	ONSET A	
		MMEDIATE CAUSE (e)_		Coronary c	CCTU	STOIL				minu	tes
	4200	DUE TO									
-	Conditions, if any,	which (b)_									
	gave rise to immedie (a), stating the un	DIJE TO									
	cause lest.	(c)									
Z	PART II. OTHER		IONS CON	TRIBUTING TO DEATH BUT	NOT RELA	TED TO THE TERMI	NAL DISEA	SE CONDITION GIV	EN IN PART 1		S AUTOPSY
ATIC										YES T	RFORMED?
IFIC.	20e. EXTERNAL CA	USE WAS 20	b. DESCRI	BE HOW INJURY OCCURED	. (Entar na	ure of injury in Par	rt I or Part II	l of item 18.)		1123	1 110 11
CERTIFICATION	PRIMARY OF COL										
	20c. TIME OF INJUR	XY Month, Day, Yee	- 12041	NJURY OCCURRED 20a. I	DI ACE OF	NJURY (Homa, farr	- 1 206 //	City or town)	(County		(0)-1-1
MEDICAL	Hour a.m.	ci Monin, Dey, 188	While			at, offica bldg., atc		City of lowing	(County	,	(Slate)
ME	р.т.	19	et worl	et work					31		
	21. I certify the	at I took charge of	f the rem	ains described above,	held an	Autopsy ,	Inspection	on 🔀, Inquir	У 🔲, г	and in my	opinion
	death resulted fr	om: Natural car	uses 🔼,	Accident . St	uicide 🗌	, Homicide		Undetermined m	nanner 🗌		
	Contract Contract	000	0			CHIEF MEDICAL	EXAMINER				
14	ACTUAL	12000	eo.	mas	M.D	ASSISTANT MED	ICAL EXAM	AINER 🗍	0-4	DATE	SIGNED 61
	SIGNATURE				M.L	DEPUTY MEDICA	L EXAMINE	R 🗆	UCT	. 10	, 1901
	EXAMINER'S NAME (Type)	Dr. B. 0	. Th	omas		Address (Street,		Tra	ederic	k, M	d.
228	BURIAL, CREMATION	N. 22b. DATE THEREC		22c. NAME OF CEMETERY	OR CREMA			CATION (City, town			Stete)
	burial	10/18/1	967	Reformed Co	emete	מזינר ב	Mid	dletown	3/16	1	
23	FUNERAL DIRECTOR		7011	ADDRESS	sine be			ISTRAR I 24b. REG	ISTRAR'S SIGN	NATURE	

arthur S. Krous

Gladhill Company, Middletown, Md.

VS. A15ME 5M 7/59



the funeral uted within 24 hours after etely filled in by the pers. Pages 1 and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after The law requires that the death certificate be ex-COSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be expressed and be retained by the hospital or attending physician.
FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co

TO VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11372 CERTIFICATE OF DEATH 35 1 PLACE OF DEATH II 2 HOURT PECIDENCE /W/Land

a. COUNTY Fred	erick	MARYLAND	a. STATE Marylar	b. COUN	Frederi	lck
b. CITY OR TOWN ((if outside corporete limits, d give neerest town)	c. LENGTH OF STAY IN 16 Since 9/29/61	C. CITY OR TOWN (If ou	tside corporete limits, write	RURAL and giva	nearasi lown)
	TAL OR INSTITUTION (if not in k Memorial Hosp		d. STREET ADDRESS	fferson Stree	et	ON A FARM
3. NAME OF DECEASED (Type or print)	First GOLDYE	MAE BRANI		DATE Month		
5. SEX Female	6. COLOR OR RACE 7. MAR		March 1895	9. AGE (In yeers last birthdey) yrs.	Months Deys	Hours Min.
Retired-Cle	orking life, even if retirad)	astry Shop	Kemptown, M	laryland	USA	OF WHAT COUNTRY
	Brandenburg		Mary Jane I	Baker		
	VER IN U.S. ARMED FORCES? (If yes give war or dates of service)		rormant in H. Brandent	ourg (Same as		2)
	DEATH [Enter only one ceuse p TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	cordine for (a), (b), and (c).	brombo	sis		TERVAL BETWEEN
Conditions, if any geve rise to immed (a), steting the uceusa lest.	diate ceuse underlying DUE TO (c)	CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL	DISEASE CONDITION GIV		19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING 20b. G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert	t or Part II of item 1B.)		
20c. TIME OF INJU Hour e.m. p.m.	W		E OF INJURY (Home, ferm, y, street, office bldg., atc.)	20f. (City or town)	(County)	(Stete)
21. I certify to	that (I) (this hospital) at sed alive on Oct	tended the deceased from		M, from the causes		
22e. SIGNATURE	Both	orice M.D		STAFF PHYS.	10 00	22b. DATE t 1961
22c. PHYSICIAN'S NAME (Typa		M. D.	22d. ADDRESS 228 N. Marke	et St., Frede	erick, Me	i.
23a. BURIAL, CREMAT REMOVAL (Specify Burial	10-11-61	Providence Ceme		Kemptown, Me		(State)
M. R. Etc	r's SIGNATURE chison & Son, F	rederick, Md.	25a. REC'D	BY REGISTRAR 25b. REG	GISTRAR'S SIGNA	

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220-20-1,53 Garan L. Hamispiere (Grander St. -03-202)

AND MEMORY OF THE PARTY OF THE

3. Q. Thoman, H. D. 228 H. Markett St., Frederites, Ma.

10-11-01 - Providence Versbery - New Plant, Mis.

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MARYLAND STATE DEPARTMENT OF HEALTH

of statistical research and records, 301 w. preston street, baltimore 1, maryland 11373 CERTIFICATE OF DEATH

1. PLACE OF DEATH				2. USUAL RESIDENCE			sidence before admission)
	Frederick		MARYLAND	a. STATE	yland	b. COUNTY	derick
b. CITY OR TOWN (if write RURAL and	outsida corporate limit: giva naarest town)		TH OF STAY IN 16	c. CITY OR TOWN (II	f outside corporete lin	mits, write RURAL and g	
d. NAME OF HOSPIT	Frederick AL OR INSTITUTION (if	not in hospitel, give	fetime street address)	d. STREET ADDRESS	derick		a. IS RESIDENCE ON A FARM? YES NO X
. NAME OF	y Hall Nurs	ing home	Middle	Last 407	4. DATE		Dey Yeer
(Type or print)	Anna	Rosett	ta Burg	er	OF DEATH	Oct. 29	19 61
Female	6. COLOR OR RACE	7. MARRIED NEV		May 5-1871	last b	(In yeers irthdey) Months Da	EAR IF UNDER 24 HRS. Hours Min.
Oa. USUAL OCCUPATI dona during most of wor NONG 3. FATHER'S NAME	ON (Give kind of work			Frederick 14. MOTHER'S MAIDEN	ty & Stele, or foreign	country) 12. CITIZI	U.S.A.
	D						
5. WAS DECEASED EVE	nry Burger	CES? 16. SOCIAL SI	ECURITY NO. 1 17. II	Anna Marga	retna Drai	Address	
Yes, no, or unkown) (If	yes give wer or dates of se	None None		. W. Leslie	Bungan- C		Fradori als
PART I. DEATH 4/20 Conditions, if any geve rise to immedia (e), stating the uncausa last.	ale ceuse DUE TO	My or	ardal	Linfors Least T RELATED TO THE TERMIN			ONSET AND DEATH 24 Pres. 2 19204
PART II. OTHER PART II. OTHER OR CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING							PERFORMED?
OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOV	W INJURY OCCURED.	(Enter nature of injury in I	Pert I or Pert II of item	18.)	
20c. TIME OF INJUI	RY Month, Dey, Yee	WhilaNot V	1. 1	CE OF INJURY (Home, ferm pry, street, office bldg., etc.		(Count	y) (Stete)
21. I certify the saw the decease	nat (I) (this hospited alive on	al) attended the	deceased from	death occured a5.3.	1950, to <i>Oct</i>	causes and on the	e date stated above
22e. SIGNATURE	1300	Loma	es M.	D. PHYS. D	AED. STA	s. 107	30/6/ SIGNER
22c. PHYSICIAN'S NAME (Type)	Dr. B.O.1	Thomas-Sr.		Professio	nal Bldg.	- Frederick	- Md.
23a. BURIAL, CREMATI REMOVAL (Specify) Burial	Oct 31-		Olivet Ce			(City, town or county)	(State)
24 FUNERAL DIRECTOR		AL	DDRESS		'D BY REGISTRAR	25b. REGISTRAR'S SIG	

funeral uted within 24 hours after stely filled in by PAYSICIAN. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.

Page 4 may be retained by the hospital or attending physician.

O'FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and considered for use as the burial-transit permit. Then please remove carbon papers. Pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after TO VR A15 (4) 15M 9/60

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Mas Henry Burger

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LOW Hatt Parchol St.

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0.0 May 5-1871

Frederick County- Maryland U.S.A.

August Harronwiths Drurer

W. W. Lealie Burger- Galler Ave.-Traderide-M.

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BULL MOL

Rosetts

. 30-3 Lending 0.8 . 70

Professional Bldg .- Frederick- Mt.

Oct. 31-1961 Mt. Olivet Cametery Frederick- Mt.

July's Fungral Jane Frederick- 18.

papers. Pages 1 and 2 should uted within 24 hours after PAGSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exected. Page 4 may be retained by the hospital or attending physician. O'FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and centered or a second page 3 should be detached for use as the burial-transit permit. Then please remove carbon page be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within

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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

11359

/	13/4				<u> </u>
1. PLACE OF DEATI	H		a STATE	- h. COI	If institution: Rasidanca bafore admission
Frede	rick	MARYLAND	Mary	yland	Frederick
	if outsida corporata limits, d giva naarast town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	l (If outsida corporata limits, w	rita RURAL and give naarast town)
Frederick		Since 9/22/61	Adan	nstown	
The second district the se		ot in hospital, give streat addrass)	d. STREET ADDRES	\$. IS RESIDENCE
	Memorial Hos	pital	1		YES NO NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mo	nth Day Year
(Typa or print)	MEDORA	IRENE	BURNS		tober 8. 19 61
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In yaa	
Female		IDOWED DIVORCED (7 April 1896	6 6 birthday	Months Days Hours Min.
10a. USUAL OCCUPAT	ION (Giva kind of work	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Co	unty & State, or foreign countr	y) 12. CITIZEN OF WHAT COUNTRY
House-wo	orking life, evan if ratired)	At Home	Jefferson	n, Maryland	USA
13. FATHER'S NAME		Maria I (State of the Inches)	14. MOTHER'S MAIDE	N NAME	
Unknown			Alice Albe	erta Lamm	
	ER IN U.S. ARMED FORCES		NFORMANT	Addn	ess
No No	lf y as giva war or dates of sarvi	212-03-4752 Mrs	s. Alice N.	Kabrick (Same	e as item #2)
18. CAUSE OF I	DEATH [Enter only one cau	use per line for (e), (b), and (c).]			INTERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY:	Irlania.			ONSET AND DEATH
153.7		A == ==	Δ	11-41'-4	000.00
Conditions, if any	DUE TO	tulbuction on 111	solen tens	nota valie	1141100
gava risa to Immed	iata cause	who were ky w	0	1 de la constante de la consta	1
(a), stating the u	endarlying DUE TO	Can do wood	000000	netastatic t	on 240
	R SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	MINAL DISEASE CONDITION O	GIVEN IN PART 1(a) 19. WAS AUTOPSY
E G	0 10	20.00	1 1 1 m. (0) 00 10	PERFORMEDI
200 ACCIDENT W	AS HINDERLYING TO 1 20	b. DESCRIBE HOW INJURY OCCURED	(Entry pature of injury	in Part I or Part II of itam 18.)	YES NO
PART II. OTHE	AS UNDERLYING 20	bescribe now indoct occord	, (cing) indicate of injury i	Total For Fort II of House	
3 20c. TIME OF INJU	JRY Month, Day, Year		CE OF INJURY (Homa, fa		(County) (Stata)
Y 20c. TIME OF INJU-	19	While Not While fact	ory, straat, offica bidg., a	inc.)	
		attended the deceased from.	24001	1958 to 8 00	196, that (I) (we) las
	sed alive on 8	19 cd. and that	death occured al.	50PM, from the cause	s and on the date stated above
22a SIGHATURE	1/h	1.			22b. DATE
Chai	les X (I)x	llen to M	ATTENDING PHYS.	MED. STAFF PHYS.	16-Oct 1961 SIGNE
22c, PHYSICIAN'S NAME (Typa	1	Conley Jr., M. D.	22d. ADDRESS 228 N. Ma	erket St., Fre	derick, Md.
	ION, 236. DATE THEREO	F 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,	
Burial (Spacify	10-11-61	Mount Olivet	Cemetery	Frederick,	Md.
24 FUNERAL DIRECTO		ADDRESS	25a. R	REC'D BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
M. R. Et	enison & Son,	Frederick, Md.	DATE	OCT 1 1 '61	Onthrop & Knows

23-1-Predambou slatera Sarra La Popul Initional Colleges South to the first that the state of the sta SECTION OF THE SECTIO Letter and A Com Con Man and A see as a see a see .DI CELEBRATE ... C. WILLIAM . A PASS . U. M. . TO FOREMO . H LEFTHANCE . Bl . Self-Carl general Jovito sand liberteel la . A. Bhellion = 200, brecerte, be well to the control of the contr

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after of the page 4 may be retained by the hospital or attending physician.

TO JUERAL DIRECTOR: After this certificate has been signed by the attending physician and controlled filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

	1	1375	CERTIFICAT	E OF DEATH	1	DALIMO	1	1360
	PLACE OF DEATH			2. USUAL RESIDEN	CE (Where dec	eesed lived, if	nstitution: Residen	ce before edmission
		erick	MARYLAND	o. STATE Mary	land	b. COUN	TY Frederi	iek
	b. CITY OR TOWN (if	outside corporete limits,	c. LENGTH OF STAY IN 16	g. CITY OR TOWN				
F	rederick-R	ural RD#5	8 Years	Fred	erick-Ru	ural RD	¥5	
	d. NAME OF HOSPITA	AL OR INSTITUTION (if not in h	ospital, give street eddress)	d. STREET ADDRESS				e. IS RESIDENCE
0	ld Braddoc	k		/ Old :	Braddocl	k		YES NO
	NAME OF	First	Middle	Last	4. DATE	Month	Dey	Yeer
	DECEASED (Type or print)	ADA	MARY	DARNER	OF DEATH	Octo	ber 5	19 61
5.	SEX	6. COLOR OR RACE 7. MARI		8. DATE OF BIRTH	19.	AGE (In yeers	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Female	White WIDOV	2222	25 Sept 1862		99 yrs.	Months Deys	Hours Min.
10e	. USUAL OCCUPATION	ON (Give kind of work 10b.	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cou	nty & Stete, or fo	oreign country)	12. CITIZEN C	F WHAT COUNTRY
	ne during most of worl ouse-work	king life, even if retired)	At Home	Middletown	n. Md.		USA	
	FATHER'S NAME			14. MOTHER'S MAIDEN				
	John J. Sm	ith		Mary Koo	gle			
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17.	INFORMANT		Address		
(Ye	no, or unkown) (If	yes give wer or detes of service)		s. Katherine	D Inni		44	42)
-		EATH [Enter only one cause pe		S. Matherine	D. Seiff	CTHS (DE		TERVAL BETWEEN
		WAS CAUSED BY:	r line (a), (b), end (c).]	n 40	rout	- 600		SET AND DEATH
	Conditions, if eny, gove rise to Immedie	te ceuse	rdjaners	1			rselas	13 109
	(e), steting the un	derlying	Serel.	11				
CERTIFICATION	PART II. OTHER		ONTRIBUTING TO DEATH BUT N					PERFORMED? YES NO K
CEKIL	200. ACCIDENT WA OR CONTRIBUTING [(IF EITHER, NOTIFY)	CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in	Pert I or Pert II	of item 18.)		
MEDICAL	20c. TIME OF INJUR Hour e.m. p.m.	Y Month, Day, Year 200 Wh 19 et w	ile Not While fa	ACE OF INJURY (Home, far tory, street, office bldg., etc		or town)	(County)	(State)
		at (1) (this hospital) atte	ended the deceased from	t death occured at:	196/ to 304, from	the causes		that (I) (we) la ate stated abov
	22c. PHYSICIAN'S	2. Spe	3		MED. DIRECTOR	STAFF PHYS.	6	Oct 1961
	NAME (Type)	A. T. Brice, 1	4. D.	Jefferson	n, Maryl	Land		
23e	BURIAL, CREMATIC	ON, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	TION (City, tov	vn or county)	(Stete)
	REMOVAL (Specify)	10-8-61	Reformed Cem	etery	Middl	letown,	Maryland	
	FUNERAL DIRECTOR		rederick, Maryl	25e. RE	C'D BY REGISTE	RAR 256. REC	SISTRAR'S SIGNA When S. Kras	TURE

MARYLAND STATE DEPARTMENT OF HEALTH

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	MAR DIVISION OF STATISTICAL RESE. 11376			ON STREET,	-	11:	ND R61
1.	PLACE OF DEATH a. COUNTY Frederick	MARYLAND	2. USUAL RESIDE	NCE (Where dece	b. COUNTY	itution: Residence b	V
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	Brunswi	lek	ete limits write RU	JRAL end give neer	est town)
	Memorial Hespital		9 East	II R II	1		ON A FARM?
3.	NAME OF First DECEASED (Type or print) Randy	Middle Allen	Dawson	4. DATE OF DEATH	Month 10	Dey 17	Yeer 1961
	Male 6. COLOR OR RACE 7. MARR WIDOW	THE THE MARKIED	10-1-1961		AGE (In yeers IF Myrs.		UNDER 24 HRS.
de	a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) None FATHER'S NAME	None	212	Virgini		12. CITIZEN OF W	
	Robert Daws	on			Ferbaci	K	
15 (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16es, no, or unkown) (lifyesgivewerordetesofservice)	I	Nobert Daw	son,Bru	Address unswick	, Marylan	AL BETWEEN
TION	Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CO.	ACCOT.	OT RELATED TO THE TERA		ONDITION GIVEN		WAS AUTOPSY PERFORMED?
CERTIFICATION	200. ACCIDENT WAS UNDERLYING 20b. DE OR CONTRIBUTING 20b. DE (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED). (Enter natura of injury i	in Pert I or Part II o	f itam 18.}	YES	NO [
MEDICAL	20c. TIME OF INJURY Month, Day, Yeer Hour a.m. p.m. 20d	le Not While fac	ACE OF INJURY (Home, fa tory, street, office bldg., e		or town)	(County)	(State)
	21. I certify that (I) (this hospital) attestaw the deceased alive on	Mas	ATTENDING PHYS.	MED. DIRECTOR D		0/	22b. DATE -25-GNED
	e. BURIAL, CREMATION, 23V. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY Park Heigh	ts	Bru		Marylan	
24	FUNE TURE Brunsw	ick, Maryland		OCT 2 7 '6	4	TRAR'S SÍGNATURI Thur S. Krau	

10 5 4 mm. NA Livery June 1 Jakonny Serst THOM TOWNSHIELD MANUEL BURNES The other property market de l'appearance de la company de la c THE THE PERSON OF THE PROPERTY OF THE PERSON OF THE PERSON

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	LACE OF DEATH	EDFR	ick	MARYL		STATE	CE (Where de		institution OUNTY	FRE	efare admi:	ssion)
b	RURAL and give nec	outside corporate limi		Life	N 1b	CITY OR TOW	N (If outside		, write RUI	RAL ond give	nearest tow	rn)
đ	OR INSTITUTION	Men /	give street addre	255)	- 1	d. STREET ADDR					ON	SIDENCE A FARM?
D	IAME OF ECEASED Type or print)	Ni.	rst Va	Middle Myra		Derr	C	ATE OF EATH	Month		Day	Year 196/
5. SE	Female	6. COLOR OR RACE	7. MARRIED [WIDOWED [NEVER MARRIED	460	TE OF BIRTH	1880	9. AGE (lost bi	rthday)	FUNDER 1 YE Months Day		
	USUAL OCCUPATION during most of working the desired working the de	N (Give kind of work ng life, even if retired	done 10b. KIND			11. BIRTHPLACE Frederi . MOTHER'S MAI	ck. M			12. CITIZEN		COUNTRY
15 \	Albert J		CESS IV COS	AL SECURITY NO	17. INFOR	Mary C.	Nusz	Billion	Addres			-
	no, or unknown) (I	IN U. S. ARMED FOR	service)	al security no.		Zulma J	. Dam	e 202 I		 Avenue	Fred	omá ole
NO	Conditions, if an gove rise to im cause (a), stoting t lying cause last.	mediote Due To	5)	PIRITING TO DEA							a) 19. WA	SAUTOPS
S									1/2		PERF	ORMED?
04	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OC	.CURRED. (Er	iter noture of inj	ury in Port I	ar Part II at Her	n 16.)			
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Month, Day, Ye	While	Y OCCURRED :		OF INJURY (Hom street, affice bld		f. (City or town)		(Coun	ity)	(State
		(this bassile and alive on 12	t) attended	the deceased f		/		to Def				
	22a. SIGNATURE	Paire	er		M.D.	ATTENDING PHYS.	DIRECTO	OR STAFF			2	22b. DATE SIGNED
	22c. PHYSIC AN'S NAME (Type)	JR Poi	RIEK	2	M.D.	22d. ADDRESS Freder	ick,	Waryland				
23a.	BURIAL, CREMATION REMOVAL (Specify) BUTIAL	10-11-19	4.0	Mount Oli			23d.	LOCATION (City		county)		ote)
1/12	RODER L	meery	2.	ADDRESS Frederick		250	REC'D BY		5b. REGIST	TRAR'S SIGNA	ATURE	

5 . . . TISIT REESERICE ! Santa St. All All Control ELED EN BOLD TE 344 1116 202 33 arest across May 25, 1880 St EXE Counts office office J enoil source to Frederick, Maryland U.S.A. Tred . L Stedie Mury C. Susa none libra Zulma J. Darr 202 Dill Avence Frederick Pres Trimel The production of the distinction of sides M.D. Frederick Margland Burinl 10-11-1961 Nount Olivet Casebary Prederick, Maryland Mobert E. Salley a Son Frederick, Maryland FOR STATE HEALTH DEPT.

TO EPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death any delay is necessary, the execute the certificate, writing the word "pending" in pencil in Item 18. Give Peges 1, 2, and 3. It funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any poon within 72 hours after death. Ch. le VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11378 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	LACE OF DEATH			2. USUAL RESIDENCE	(Whare dacaasad livad, If	institution: Rasidar	nca before admission)
1 °	_	demi ele	MARYLANI	a. STATE	b. COUN	-	
		outside corporata limits,	c. LENGTH OF STAY IN 1	TATOLY A T	and utsida corporata limits, write		erick
1		giva naarest town)	C. ECHOTT OF STATE IN	E. CITT OK TOWN (III O	uisiga corporata timits, with	NONAL and giva	naarasi lowiij
1-	Freder	ick	Years		derick		
0	I. NAME OF HOSPIT	AL OR INSTITUTION (if not	in hospital, giva street addrass)	d. STREET ADDRESS			e. IS RESIDENCE
	117 East	6th Street		117 East 6th	Street		YES NO
	NAME OF	First	Middla		DATE Month	Day	
	Typa or print)			PRINCIPAL CONTRACTOR	OF		
		ELSIE	MAE	DEVILBISS	DEATH Octo		
5.	SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)		
1	Female	White WI	DOWED DIVORCED	Sept. 20, 1903		Months Days	Hours Min.
10a.	USUAL OCCUPATION	ON (Give kind of work	Ob. KIND OF BUSINESS OR INDU			I 12. CITIZEN C	OF WHAT COUNTRY?
don		king life, aven if ratirad)					
42	House-wor	K	at home	Maryland		US.	A
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	.ME		
	John F	ogle		Nettie	Suman		
	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17	INFORMANT	Address		
(Yas		yes givawaror datas of servica		for Consume Mr. De	and The day of the	10	#7 \
-	No CAUSE OF DE	FETH Fatar only one save	par lina for (a), (b), and (c).]	Ir. George W. De	evitoiss, pr.		
		WAS CAUSED BY:	par Hna for (a), (b), and (c).				TERVAL BETWEEN
		MMEDIATE CAUSE (a)	Coronary Thron	abosis			Minutes
	470.	DUE TO					
	Conditions, if any,						
	gava rise to immedia						
	(a), stating the un	DIE TO					
	causa last.) (c)					
Z	PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIV	EN IN PART 1(a)	
F							PERFORMED? YES NO
CERTIFICATION	20a. EXTERNAL CAI	IISE WAS 20h I	DESCRIBE HOW INJURY OCCURED	(Enter nature of Injury In Part I	or Part II of itam 18 1	-	TES [] NO LA
FR	PRIMARY OF CONCAUSE OF DEATH.						
1 1							
MEDICAL	20c. TIME OF INJUR			PLACE OF INJURY (Homa, farm, factory, streat, office bldg., atc.)	20f. (City or town)	(County)	(Stata)
18	Hour a.m.		While Not While	lacioty, shear, office brog., area,			
1		at I took charge of the	remains described above,	held an Autonsy D. In	spection x. Inquir	y 📆, and	in my opinion
					Carrier		in my opinion
	death resulted tr	om: Natural causes	x, Accident , Si	uicide, Homicide	J, Undetermined m	anner	
		1 - 17		CHIEF MEDICAL EXA	MINER		
13	ACTUAL SIGNATURE	Bothe	mas/	M.D. ASSISTANT MEDICA	L EXAMINER	r	ATE SIGNED
				DEPUTY MEDICAL E)	CAMINER DO		
	EXAMINER'S NAME (Typa)	. O. Thomas,	M. D.	Addrass (Streat, city	0-	tober 28	, 1961
22a.	BURIAL, CREMATION REMOVAL (Spacify)		22c. NAME OF CEMETERY	OR CREMATORY 22	d. LOCATION (City, town	, or country)	(State)
	Burial	10-31-1961	Mount Olivet	Cemetery	Frederick	Mar	vland
	FUNERAL DIRECTOR		ADDRESS	24a. REC'D	BY REGISTRAR 24b. REG	ISTRAR'S SIGNAT	URE
1	1. R. Etch	ison and Son	, Frederick, Man	ryland DATE NOV	1 '61 an	Thur S. Krau	A6
10	4 4 AGUE	ex somewift		IDAIL			

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	damae neo anea 711		Jacobs Sent SEL	
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		or of da	1 450-eaupil	
	GARLE OLUĞAL		John Pogla	
	E. Severe in Localities,		The state of the s	
and the same		Barchery Pres		
1981 , 2 1.0000			. D. 110 (1 g a	
	de record de rismani		tool-terot to for	
ALC: NO.	77. 1.404. But a	a seed to the	Benefit Joseph	8

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third completely filled death certificate assembly should be detached for use as a burial Vansit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11379 CERTIFICATE OF DEATH

Reg. Dist. No. 11365

-1	I LAGE OF BEATH	2. OSUAL RESIDENCE (HOME) OF DECEASED
	COUNTY FREDERICK MARYLAND	STATE MARYLANGOUNTY FREDERICK
	CITY (If outside corporate fimits, write RURAL LENGTH OF STAY	CITY (If outside corporete limits, write RURAL end give nearest town)
	OR end give neerest town) TOWN REW WINDSOR RURAL VEARS	JOWN NEW WINDSOR RURAL
V	HOSPITAL OR	STREET (If rurel give focetion)
3	INSTITUTION OR STREET ADDRESS SAMS CREEK	ADDRESS CAME COFFE
-	0,,,,	SAMS CREEK
1	3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Dey) (Year)
1	(Typa or Print) EMORY ECK	ER DEATH (9Ct. 5 1961
1	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF RACE WIDOWED, DIVORCED,	The state of the s
1	M (Specify) to (in TAN 4.	- 1875 86 yrs. Months Deys Hours Min.
ŀ	10a, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS 1	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
1	done during most of working fife, even if OR INDUSTRY	COUNTRY?
J.	relired) FARM BY DAY FARM	MARYLAND 115A
J	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	FREDERICK ECKER	SARAH FRITZ
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
н	(Yes, no, or unk.) (If Yes, give war or deles of service)	PEADLE HORDED NEW WILMACOR
	NO 220-10-3919	PEAKLIE MOOFER MELY VIMOSON
1	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH;	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
1	110.59	A for the
1	4120 IMMEDIATE CAUSE (A) (SCIENCE ALLEGO-EN	ardioly spareties got see
1	ANTECEDENT CAUSE(S) DUE TO) -4	a dil la demand demande
1	DISEASES OR CONDITIONS, IF ANY, (B)	DOUGHE LUG-MILLE BOOTEST
1	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
1	(C)	
1	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
1	TO THE DEATH BUT NOT RELATED TO THE	
1	DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	
A	178. MAJOR PINDINGS OF OPERATION	20. AUTOPSY? YES NO
4	21e. ACCIDENT WAS UNDERLYING 1 21b. PLACE (Home, ferm, fectory,	
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	ic. WHERE DID INJURY OCCUR? (City or town) (County) (Stete)
		AIF. HOW DID INJURY OCCUR?
	M. While No! while et work et work	
-	22. I hereby certify that I attended the deceased from 1927 29	19.55, to Oct 5, 196/, that I last saw the deceased
1	alive on	3:07 M from the source and on the data stand of
	SIGNATURE	A THE COURT OF THE
2	ON Whatterson	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
3	M.D. 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	mallerwill, ma. (ret 6/61
2	REMOVAL (SPECIFY)	
	DURIAL OCT8-1961 BETHEL	NEW WINDSOR RURALIND
2	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS *
	DATE OCT 10'61 Coming S. Firms	MI The there of March 1
-	DATE UGI 1 0 01	De remain some the william

Tarrest Commence of the second

AMERICAN PROPERTY OF

11380 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY b. COUNTY the f nd 2 Frederick Frederick MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) by write RURAL and give neerest town) Frederick 13 years E - 6 Frederick filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? 60 South Market Street 60 South Market Street YES NO NAME OF 4. DATE Middle Last Dev DECEASED pa (Type or print) DEATH Federline George October 19 61 c carbon 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 9. IF UNDER 24 HRS. last birthdey) Months Devs Hours WIDOWED T Mala DIVORCED 1897 physician 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY remove 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Owner of Diamond Bowling Alley USA Laurel, Maryland 13. FATHER'S NAME attending pl 14. MOTHER'S MAIDEN NAME .5 and Charles E. Federline Mary E. Bryant IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Then Address Fred. Md. removal (Yes, no, or unkown) | (Ifyes give wer or detes of service) ng physician, signed by the Mrs. Della M. Federline 60 S. Market St. 18. CAUSE OF DEATH [Enter only one ceuse per lina for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 30 min IMMEDIATE CAUSE (e) burial-transit DUF TO affending been Conditions, if eny, which gave rise to immediata ceuse DUE TO (e), steting the underlying has the bur 9 certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION hospital as PERFORMED? 0 NO T use prior 200. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) for OR CONTRIBUTING CAUSE OF DEATH the Affer þ 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) Month, Day, Yeer (State) factory, straet, office bldg., etc.) Hour am While Not While et work at work OR ATTEND may be retaine DIRECTOR: p.m 13 , 1961, that (I) (we) last Pe 21. I certify that (I) (this hospital) attended the deceased from UC plnods 19.62/..., and that death occured at Z. A.M., from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. M D 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) East Church Street Frederick. Md. Dr. Henry V. Chase 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stele) REMOVAL (Specify) Mount Olivet Cemetery Frederick Registrar's Signature 25a, REC'D BY REGISTRAR 258. REGISTRAR'S SIGNATURE 10-17-1961 Burial Cropped Charley VR A15 (4) 15M 9/60 Robert Son

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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Churles E. Federline

én South Market Street

15 years Iroderick

Maryland

60 South Market Street

Goorge F. Foderline Cotcher 15,

Leader Lele

13

Male March 2, 1897 Gh

Owner of Dismond Beniang Allay | Lawel, Maryland USA

Mary S. Bryant

. BE . Be 122

No _ - - Ele-2-1506 Mr. Bella N. Mederline 60 S. Market St.

10-21-01 m. Henry V. Chase M.D. A Sket Church Street Frederick, Md.

Borisi 10-17-70-1 Nount Cityet Comptery Frederick, Maryland

Pobers J. Lalley & Son Proderick, Laryland

A PASPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after be age 4 may be retained by the hospital or attending physician. C. C. CINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

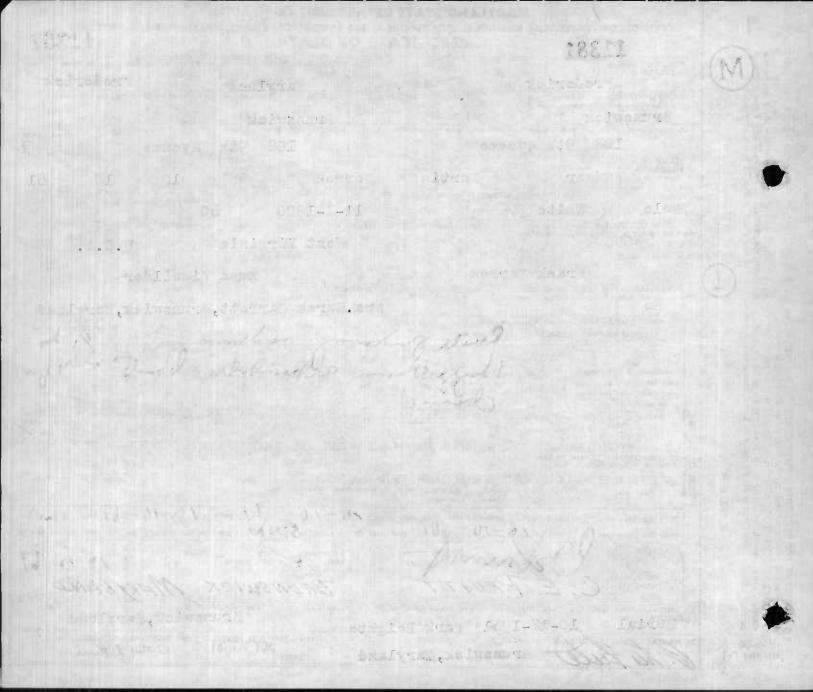
マンラ & VR A15 (4) 15M 9/60

TO

MARYLAND STATE DEPARTMENT OF HEALTH

H AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH DIVISION OF STATISTICAL RESEARCH 367 11381

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whara deceased lived, If institution: Residence before admission)
Frederick MARYLAND	a. STATE Maryland Frederick
b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town)
Brunswick	35 Brunswick
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	a. IS RESIDENCE
102 9th Avenue	102 9th Avenue ON A FARM?
3. NAME OF First Middle	Last 4. DATE Month Day Yaer
(Typa or print) Edgar Martin	Harmon OF DEATH 10 10 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yaers IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	11-2-1900 Clast birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
dona during most of working lifa, aven if retired)	Mast Wandada Track
	West Virginia U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Marmon	Emma Kidwilder
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yas, no, or unkown) (Ifyasgivewarordatesofsarvice)	INFORMANT Addrass
No Nasgive wal of dales of sal vice)	rs.Sarah Garrott, Brunswick, Maryland
18. CAUSE OF DEATH [Enter only ona ceusa par line for (a), (b), and (c),]	I INTERVAL BETWEEN
PART J. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	many regiona / him
ULLANX DUE TO	
	CM 0 4 1 1 2-41
Conditions, if any, which geva rise to immediata causa	- alternative was - 1 iles.
(e), steting the undarlying DUE TO	V
causa last.	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
2	PERFORMED?
[5]	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO LONG TO THE PROPERTY OF CONTRIBUTING TO DEATH BUT NO LONG TO THE PROPERTY OF CONTRIBUTING TO DEATH BUT NO CONTRIBUTION TO D	ED. (Enter natura of injury in Part I or Part II of itam 18.)
	LACE OF INJURY (Homa, ferm, 20f. (City or town) (County) (Stata) actory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	10-10-, 196/, to
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
saw the deceased alive on 19.6.1, and the	at death occured a 20.2. M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
	M.D. PHYS. DIRECTOR PHYS.
22c, PHYSICIAN'S NAME (Typa) C. E. PRUITT	BRUNSWICK MARYLAND
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERS 10-12-1961 Park Meis	Brunswick, Maryland
24 FUNDON DIRECTOR'S STONATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
12. hu full Brunswick, Marylan	DATE DATE CITIMA S. Thank



the funeral d 2 should ted within 24 hours after and tely filled in by ters. Pages 1 and within 72 hours after carben papers. The law requires that the death certificate be exe Page 4 may be retained by the hospital or attending physician. JNERAL DIRECTOR: After this certificate has been signed by the attending physician and co Then please remove director, page 3 should be detached for use as the burial-transit permit. Then be filed with the State Dept. of Health prior to burial, cremation, or removal, ATTENDING

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de 13

238. BURIAL, CREMATION, 23b. burial

24 FUNERAL DIRECTOR

DIVISION O		ARYLAND STATE I			LTIMORE	1 MARYI	AND	
1	1382	CERTIFICA			- IIIIOKE	1	136	8
PLACE OF DEATH	derick	MARYLAN	a. STATE	NCE (Where deceased	b. COUNTY	itution: Residen		dmission)
b. CITY OR TOWN (if write RURAL and	f outside corporete limits, give neerest town)	c. LENGTH OF STAY IN		(If outside corporate I	imits, write RU	JRAL and give		/n)
Rural - I d. Name of Hospit	Burkittsvij ral or institution (if no	le 17 year	d. STREET ADDRES	- Burkitt	svill	Θ		ESIDENCE A FARM?
NAME OF DECEASED (Type or print)	First	Middle EARI.	Lost	4. DATE OF DEATID +	Month	Dey	Yee	
sex male	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH September		(In years IF	UNDER 1 YEAR onths De ys	IF UNDER Hours	24 HRS. Min.
was deceased eves, no, or unkown) (If no list. cause of dispersion part i. death	B O. Harne ER IN U.S. ARMED FORCES' Yes give were ordered sof service DEATH [Enter only one cau H WAS CAUSED BY, IMMEDIATE CAUSE (e)		7. INFORMANT	Mae Burri Harne, My	er Address ersvi	INT	ERVAL BET	
Conditions, if eny gave rise to Immedia (a), stating the un ceuse last.	ete cause nderlying DUE TO	5 Rogian	nt	reiteat	11 0		46	vo .
2De. ACCIDENT WA		NS CONTRIBUTING TO DEATH BUT	0				PERFO	NO P
20c. TIME OF INJUI Hour s.m. p.m.	19	While Not While at work et work	PLACE OF INJURY (Home, for factory, street, office bldg., o		wn)	(County)		(State)

23c. NAME OF CEMETERY OR CREMATORY

ATTENDING 22a. SIGNATURE 22b. DATE MED. DIRECTOR STAFF PHYS. SIGNED

22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) . E. Pruitt

Brunswick, Md. 23d. LOCATION (City, town or county) (State)

arihur S. Kraus

United Brethern Garfield, Frederick Co. Md. 258. REC'D BY REGISTRAR' 258. REGISTRAR'S SIGNATURE OCT 5

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tle, Myersville, Md. DATE

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Frederick

James O. Harrie

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Settled farmer own general farm Frederics. Co. Ed. U.S.A.

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219-36-0094 James R. Harms, Mysraville, 13.

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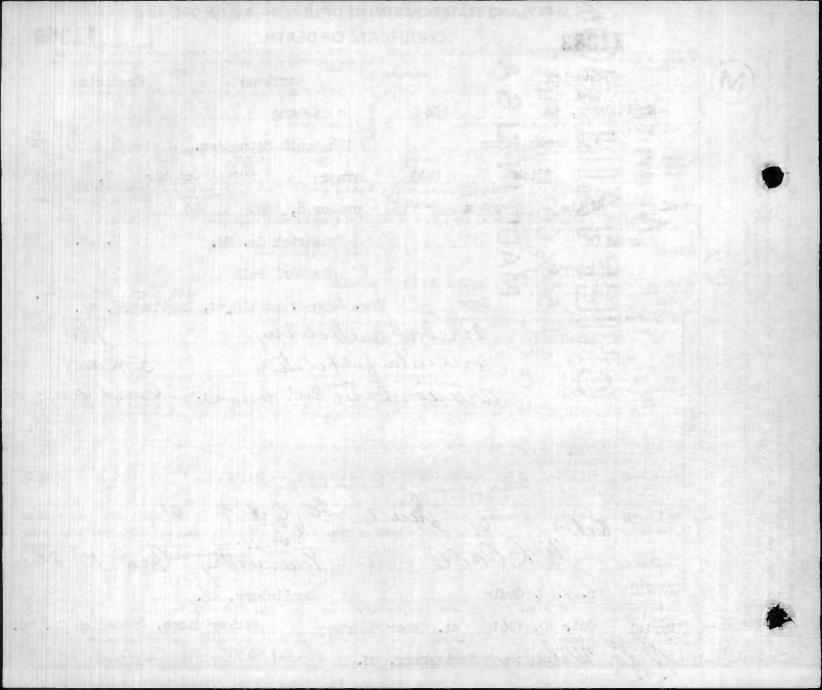
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Brunswick, M.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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Surial 10-20-61 Blue Ridge Company

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CENTIFICATE OF DEATH

ч		77292	CERTIFICATE	OF DEATH		3 4 0 4 1
1	I. PLACE OF DEAT	н				nstitution: Residence before edmissio
1	Frederi	ck	MARYLAND	Maryland	b. coun'	rederick
ţ	b. CITY OR TOWN	(if outside corporate limits			f outside corporeta limits, write	
1		Route #1	Life	Knoxville.	Maryland, route	#1.
	d. NAME OF HOSP	ITAL OR INSTITUTION (I	not in hospital, giva street address)	d. STREET ADDRESS		. IS RESIDEN
I	Knoxville	,Maryland.r	oute #1.	/ Knoxville	Maryland, rout	e #1 YES NO
	3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Dey Yeer
	(Type or print)	John	Carlton	Hope	DEATH October	23 19 61.
5	s. SEX	6. COLOR OR RACE	7. MARRIED K NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthdey)	
	Male	White	WIDOWED DIVORCED J	anuary 6, 194		Months Days Hours Min.
		TION (Give kind of work orking life, even if retired	106. KIND OF BUSINESS OR INDUST		ty & State, or foreign country)	12. CITIZEN OF WHAT COUNT
	Farmer	Orking ma, even in lenier	Farming	Frederick C	ountv	U.S.A.
	13. FATHER'S NAME			14. MOTHER'S MAIDEN		
	John Al	Lexander Hop	e.Sr.	Lillie Pe	arl.	
	15. WAS DECEASED E	VER IN U.S. ARMED FOR	CES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
	No No	No		n Alexander	Hope, Sr. Knoxvi	lle.route #1.
=	18. CAUSE OF	DEATH (Entar only one	ceuse per light (e), (b), and (c).]		1	INTERVAL BETWEEN
ı	PART I. DEA	TH WAS CAUSED BY:	Townslu	-01 9MIT	CARISIS	ONSET AND DEATH
П	200	IMMEDIATE CAUSE (e)_	- Jack - Care	gry mon	uer uois	7/10
ı	200	DUE TO	1	CARRA	aslusis mu	6. 200
ı	Conditions, if en	100	of your me	2001 Ca	ma	+ mo
l	(a), steting the	DUE TO				
ı	causa last.) (c)_				
ı	0	R SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	EN IN PART 1(e) 19. WAS AUTOPS PERFORMED?
1	Z					YES NO Z
1		AS UNDERLYING A CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURED	D. (Enter neture of injury in	Pert I or Pert II of item 1B.)	
и.		MEDICAL EXAMINER				
ı	20c. TIME OF INJ	URY Month, Day, Yea		ACE OF INJURY (Home, ferm story, street, office bldg., etc.		(County) (Stata)
ı	Hour a.m.	19	while Not While twork at work		/	
ı	21. I certify	that (1) (this hospit	al) attended the deceased from.	July.	1961, to 10/2	3., 196, that (1) (we)
ı		sed alive on	1.1. 9 11	+		and on the date stated abo
ı	220. SIGNATURE	7 8			· LOZ M	22b. DAT
١		1. Jack	not Trece	A.D. PHYS.	DIRECTOR PHYS.	Oct. 25, 1961 SIGI
	22c. PHYSICIAN'S		Brice.M.D.	Jefferso	n, Maryland.	
1	23a. BURIAL, CREMA	TION, 23b. DATE THER	EOF 23c. NAME OF CEMETERY		23d. LOCATION (City, tow	rn or county) (State)
	REMOVAL (Specify	10/26/61	Union Cemeter	v	Leesburg, Vir	ginia.
	24 FUNERAL DIRECTO	R'S SIGNATURE BA	Grant R ASSESSAIL		O'D BY REGISTRAR 256. REG	
			erick, Maryland.	DATEGO	T 2 6 '61	
411		1100			000	1 0 /

ASOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

.1 same . he Avend . A.Ff. v. one AND WASHING CHA. WITCH . L. DENES DIESTENS DELL'EXCENSE Marine of Well I Ship The states The same and make and a . In state of the second of the second secon Carlo Carlo Con Brown of the Charles Sichery Carlo 1001 .85 .200 5 200 1251 .bns Isual, Aberra Tuti A CONTRACTOR OF THE PARTY OF He work with the sale

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 d in by the funeral director, I and 2 shauld be filed with RAL DIRECTOR: After this certificate has been signed by the attending physician and campletely page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pagethe registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11386 **CERTIFICATE OF DEATH**

Reg. Dist. No.11372

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1	PLACE OF DEATH O. COUNTY PREDERICK MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY C. J.
V	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
10	UNION BRIDGE 2 WEEKS	WOODSBORD KURAL
1	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
1 =	NAME OF First Middle	WCENTERVILLE YES 20 NO
	OFCEASED (Type or print) ANNA LEE	HOUGH 4. DATE OF Month 5 Day Year 1961
5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
1	WIDOWED DIVORCED DIVORCED	NAN 11- 1873 68 yrs.
-	Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE OWN HOME	USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
T	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	JACOB ALLISON	CATHERINE ALLISON
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Yes, no. or unknown) [18] (If yes, give wor or dates of service)	INFORMANT Address
	NO NONE SI	AMUEL W HOUGH WOODSBORD 170
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	Acute collapse Interval Between ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Acute collagge 21 hours
1	422.2 DUE TO COLL WILL DO SOIL	.51 .51
	Conditions, if any, which gove rise to immediate (b)	2 years
	cose (o), stoting the under-	
2	, (c)	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
ATIO	5	PERFORMED? YES NO
MOITACIBITATION	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)
A P	Hour a.m. p. m. 19 While Not while of work of work	factory, street, office bldg., etc.)
	21. I certify that I attended the deceased from March	, 19 59, to October 4.19 61, that I last saw the deceased
		th accurred at 8:30 M; fram the causes and an the date stated above
1	1 L/ L000	ADDRESS (Street, city or town, stote) DATE SIGNED
	SIGNATURE SIGNATURE	м.б. 10-5-61
	PHYSICIAN'S T.H. Legg. N.D.	Union Bridge, Maryland
2	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	
	RURIAL OCT 8-1961 ROCK N 1	4144 FREDERICK CO MD
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
1	UN Harter Y Sous Umon Bridge	DATE OCT 10'61 Citien S. France

Local Language	
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	Televis (Nitrates)
	GOMEST STATE OF STATE OF

FOR STATE

HEALTH DEPT

any delay is necessary, a funeral director. Page TO EPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after deal any delay is necessate the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 km, as tuneral directon 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of or its designated agent, prior to burial, cremation, or removal, and in any event within 72,0 dus either death. <

VS. A1SME 5M 7/59

	MARYI	AND STATE DI	PARTMENT OF	HEALTH	
	TICAL RESEARC	H AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
11387	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	1137

11387 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 11373
1. PLACE OF DEATH •. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Whara decaesed lived, If institution, Rasidance before edmission) e. STATEMaryland b. COUNTY Frederick
b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town) Brunswick Life	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give streat eddress)	43 TREST ADDRES B. Street
3. NAME OF DECEASED (Type or print) Ernest Mc ARTHER	Howser 4. Date Month Day Year OF DEATH October 22 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Institute Institu
10e. USUAL OCCUPATION (Giva kind of work done during most of working life, evan if ratirad) Clerk	
13. FATHER'S NAME George W. Houser	14. MOTHER'S MAIDEN NAME Nora Moore
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II. (Yas, no, or unkown) (Ifyes give war or datas of service) No 236-03-1547 C	Address Charles Harrington, Brunswick, Md.
Conditions, if eny, which gove rise to immediate cause (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	ot related to the terminal disease condition given in part 1(8) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20 PART II. OTHER SIGNIFICANT CONDITIONS 20 PART III. OTH	YES XOX. NO [
	CE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) ory, streat, office bldg., etc.)
21. I certify that I took charge of the remains described above, he death resulted from: Natural causes Accident . Suici	ide, Homicide, Undetermined manner CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S B.O. Thomas, M.D.	DEPUTY MEDICAL EXAMINER © October 23, 196‡ Address (Street, city, town, or county)
226. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR DURI A CONTROL OF CEMETERY OR MOUNTAIN	VIEW SHARPSBURG, MARYLAND
23. BUREAL DIRECTOR PRAINTINICK MERVIAN	D 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE OCT 2 6 '61 Chilmy 8. Trans

ADJE DOT Tale 1 vale let 0.1 afolymny felt desert . Start her Ernent / Salle / House Malour Oblico Transport of the market - hasty and Tobres M. Bouser great their ASSOCIATION Conston Baselineton, Stanswick, Md. A Lawrence Roll and the Committee of the THE REPORT OF THE PROPERTY OF THE PARTY OF T English as do no at the contract .u. . na off. L.a TENT & STATE STATE STATE STATE STATES OF THE STATES STEATE THEOSERICK, STEETHER

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Frederick Frederick funeral uld be b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Frederick Frederick Vear e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS Prederick Memorial Hospital ON A FARM? 7 P YES NO 224 South Carroll Street and c NAME OF 4. DATE First Middle Last Day Year DECEASED Mary Louise Houser DEATH October (Type or print) 10. 19 61 9. AGE (tn years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Doys Female White DIVORCED [WIDOWED | January papers 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Housewife (Properties) U.S.A. Asha County, N. C. None and pan 72 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 00 2 Martin Ward Alshe Osborne with remave 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no or Mr. Ernest E. Houser 224 S. Carroll St. Fred. Md. 9 ease ē INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH a PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Q whele **DUE TO** þ Conditions, if any, which baub gave rise to immediate **DUE TO** cause (a), stating the underan. lying cause last burial-transit been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO IA attending 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) cate 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (Stote) Day, Year (County) foctory, street, office bldg., etc.) o. m. Not while of work of work After 1961, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from... saw the deceased alive on_ , and that death occurred at ____M, from the causes and on the date stated above. DIRECTOR 22o. SIGNATUR 22b. DATE SIGNED ATTENDING MED.
DIRECTOR STAFF PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ERAL 23b. DATE THEREOF 23g. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) West Jefferson, North Carolina Ward Cemeterv Buria 0 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR SIGNATURE 2So. REC'D BY REGISTRAR Frederick, Waryland DATE OF VR A1S (4) & Son Robert 1SM 9/59

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Female White

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Maryland

BredayLek

22h South Carroll Street

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Housey October 10,

January 2, 1926 | 35

Asha County, N. C. U.S. L.

Allega Celograss

LOS-Sarids Mr. Ernest E. Houser 221 S. Ourroll St. Fred. Vi.

Louises

Frederick Lyon

Induction Intromett tolembert

Mary

Surial ... 10-11-1961 Ward Ometery

Robert E. Dalley a Son Frederick, Maryland

West Jefferson, North Charling

funeral by the and 2 death. ·= filled 6 carbon with pue physician remove please aftending physician. permit. ģ signed burial-transit attending has been the 0 certificate the hospital as use prior DIRECTOR: After this control of the second o for of Health ate S ന Page 4 eged o,

VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whara dacaasad livad, If Institution: Rasidence bafora admission) a. COUNTY b. COUNTY Frederick a. STATE Frederick Maryland MARYLAND b. CITY OR TOWN (if outside corporata limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Frederick 40 Years Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 321 Queen Street 321 Queen Street YES NO K NAME OF First Middle 4. DATE DECEASED OF (Type or print) EVELYN VIRGINIA HIII.I. DEATH 13. 19 61 October 6. COLOR OR RACE 7. MARRIED XX NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours Female White April 1921 WIDOWED [DIVORCED 10a, USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or loraign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratired) At Home House-work Maryland IISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clayton C. Lenhart Effie E. White 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (Ifyesgive war or datas of servica) No Elmer A. Hull (Same as item #1) 18. CAUSE OF DEATH [Entar only one causa par line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Fatty metamorphosis of the liver with focal Dav Conditions, if any, which (b) gave risa to immadiata causa necrosis weeks DUE TO (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO [2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, ' 2Df. (City or town) (County) (Stata) Month, Day, Year factory, straet, office bldg., etc.) Not Whila Whila Hour a.m. at work at work D ID 21. I certify that (I) (this hospital) attended the deceased from.... 22b. DATE 22a. SIGNATURE 16 Oct 1961 SIGNED ATTENDING STAFF PHYS. DIRECTOR PHYS. M.D

Rex R. Martin. M. D. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) 10-17-61 Mount Olivet Cemetery Burial

22c. PHYSICIAN' NAME (Type)

220 N. Market St., Frederick, Md. 23d. LOCATION (City, town or county)

Frederick, Maryland

22d. ADDRESS

24 FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE OCT 1 9 '61 arthur & Kraus

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William Holling Billy Billy Bright

Markey Is 10 13 - 15

Hearth Martha H. E.

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. I. Manlagn & Son, Prederios, Maryland

MAR	RYLAND STATE DEPARTMENT OF HEAL	.IM
DIVISION OF STATISTICAL RESE	EARCH AND RECORDS, 301 W. PRESTON STREE	T, BALTIMORE 1, MARYLAND
11390	CERTIFICATE OF DEATH	11376

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) e. STATE b. COUNTY				
Frederick MARYLAND	Maryland Frederick				
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)				
write RURAL and give neerest town) Frederick	Braddock Heights				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?				
Frederick Memorial Hospital	Maryland Avenue				
3. NAME OF First Middle	Last 4. DATE Month Day Year				
(Type or print) GEORGE LUTHER	IFERT October 12 1961				
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X B	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.				
	March 13, 1872 last birthdey) Months Deys Hours Min.				
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR					
done during most of working life, even if retired)					
Farmer Farm Work	Frederick, Maryland USA				
Joshua J. Ifert	Cleantha R. Coblentz				
	INFORMANT Address				
(Yes, no, or unkown) (Ifyes give war or dates of servica)					
	spital Records				
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) PART I. DEATH WAS CAUSED BY: UNDERSTOOM PART I. DEATH WAS CAUSED BY:					
222 X DUE TO					
	artemosilensis (year				
geve rise to immediate cause	gen gen				
(a), steting the underlying DUETO					
ceuse lest. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	un anja Banchiel YES NO D				
	D. (Enter neture of injury in Pert I or Pert II of itam 18.)				
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTION OF THE STATE OF THE STA					
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Steta)				
	tory, street, office bldg., etc.)				
p.m. 19 at work at work					
21. I certify that (I) (this hospital) attended the deceased from.	Jun 4 1956, to O.C. 12, 196, that (1) (we) last				
	death occured at 1.1.2.30 PMm the causes and on the date stated above.				
22e. SIGNATURE	22b. DATE				
	A.D. ATTENDING MED. PHYS. DIRECTOR PHYS. Oct. 16, 1961 SIGNED				
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS				
Thomas E. Stone MD	4 West 3rd Street, Frederick, Maryland				
23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY					
Burial Oct. 16, 1961 Reformed Cem	etery Middletown Maryland				
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
M. R. Etchison and Son. Frederick. Marv	land DATOCT 18'61 Carther S. Tunns				

TO PSSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a page 4 may be retained by the hospital or attending physician.

Yes a continuous page 5 may be retained by the hospital or attending physician.

Yes a continuous physician and continuous physician by the funeral or remaining physician and continuous physician physician and continuous physician and continuous physician and continuous physician physician and continuous physician physician and continuous physician physician physician physician and continuous physician physician

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MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF STATES, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11377

	131								ال	1. at ()	1 0
1. PLACE OF DEATH						ENCE (Whe	ere deceased live		ion: Reside	nce before	edmission
Frederick			MARYLAN		Marylan	nd	b. 1	Fred	lerick		
b. CITY OR TOWN (if of write RURAL and gi	utside corporete limits	, с.	LENGTH OF STAY IN	11ь с.			corporete limits	, write RURA	L end give	neerest to	wn)
Frederick	ve neerest town)		h days	Frede	rick				11		
d. NAME OF HOSPITA	L OR INSTITUTION (if	not in hospite			STREET ADDRE	SS					RESIDENCE
Frederick Men	morial Hos	pital		276	W.5th	St.Fr	ederick	,Maryl	and	YES [A FARM?
3. NAME OF DECEASED	First		Middle		Last	4. DA	TE	Month	Day	Yes	ar
(Type or print)	Robert			Jan	es Sr.		ATH Octo	ber	21	19	61.
5. SEX	COLOR OR BACEL	. MARRIED	NEVER MARRIED	B. DATE	OF BIRTH		9. AGE (In				R 24 HRS.
Male	White	WIDOWED	DIVORCED	Angnis	st 19,18	398	63	yrs. Mont	hs Deys	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work		OF BUSINESS OR IND				te, or toreign co	untry) 12	. CITIZEN	OF WHAT	COUNTRY
Warehouse	ng me, even il lemed		Detrick	Fre	derick	Marvl	and.		U.S.	A.	
13. FATHER'S NAME		1 41	Y MA AVES		OTHER'S MAID						
Harry C.Ja	mes.				Ella Fr	raley.					
15. WAS DECEASED EVER	IN U.S. ARMED FORCE		CIAL SECURITY NO.	17. INFOR	TANT		A	ddress			
Yes, no, or unkown) (If ye	W.W.#1		-10-9148 N	Ine Mar	ide Hoor	d Jame	s(same	oe ite	m #2)		
18. CAUSE OF DEA				mr 9 emer	1000	u oame	o (same	as 100	IN	TERVAL BE	
	WAS CAUSED BY:	PERE	BRAL THE	POMBO.	2/9				0	48 hou	
1M	MEDIATE CAUSE (a)_	CULL	Dillie Illik	COTTION.	77.3					1 DVICE	12
4/1/5X	DUE TO	Hunen	TENSIVE	APTE	RIOSCLE	D.TIC					
Conditions, if eny,	ceuse	HIPER	(EN SIVE	, ,,,,,	KIUJELF	RULIC					
(e), steting the und	erlying DUE TO		P	DAPNIN	1 ASCUL	10	DISEAS	a	7 - 3	84 N	edo
Z PART II. OTHER S	IGNIFICANT CONDITI	ONS CONTRI	BUTING TO DEATH BU						PART 1(e)	19. WAS	AUTOPSY
OF TAKE III OF THE R	TOTAL CONDIN			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10 1110 1011				,,,,,,	PERF	ORMED?
S ACCIDENT WAS	LINDER VING CO. I	204 DESCRI	BE HOW INJURY OCC	LIDED (Enter	nature of injury	in Pert Lor	Part II of item 18	1		YES [ио 🔀
PART II. OTHER S 200. ACCIDENT WAS OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING	CAUSE OF DEATH	ZVD. DESCRI	BE HOW INJUNT OCC	OKED. (Enler	norsie or injury	, 1 011 1 01	tour it or nem to	•1			
		1204 1411	URY OCCURRED 20e	PLACE OF	NJURY (Home,	farm. 1 20f	(City or town)		(County)	-11-3	(Stete)
20c. TIME OF INJURY	Monin, Dey, Tear	While	Not While	factory, stre	et, office bldg.,	etc.)	(City of fowing		(County)		(31010)
P.III.	19	et work	et work	,	1	1	151	01	1.		
			d the deceased fr				to 10/				
saw the deceased	d alive on /C	121	1964, and	that death	occured al	3.7.M.	from the car	uses and	on the c		
220. SIGNATURE	0/		0.4	I	TTENDING	MED.	STAFF			22	b. DATE SIGNEE
Kichar	l C-10	lyno	tels	M.D. PI	HYS.	DIRECTO	R PHYS.	☐ Oc	et. 23	3, 196	61
22c. PHYSICIAN'S NAME (Type)		_			d. ADDRESS						,
	Richard C		Ids, M.D.	9	East C		Street,				
23e. BURIAL, CREMATION	N, 23b. DATE THERE	OF 2	3c. NAME OF CEMET	FERY OR CRE	MATORY	23d.	LOCATION (C	ity, town or	county)	(:	State)
Burial	10/24/61	M	ount Olivet	t Ceme	tery		ederick	-			
24 FUNERAL DIRECTOR'S			ADDRESS		2Se.	REC'D BY R	REGISTRAR 25	b. REGISTRA	R'S SIGNA	ATURE	
M.R. Etchison	& Son, Fre	derick	,Maryland.		PATE	T 2 4 '6	1 0	77 0	2		

O FOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the page 4 may be retained by the hospital or attending physician.

O FONERAL DIRECTOR: After this certificate has been signed by the attending physician and contained filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after definition. 2 0 5 8 VR A15 (4) 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11392 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Frederick Maryland MARYLAND Frederick b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 write RURAL end give nearest town) Frederick 3 Months Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Frederick County Chronic Hospital East South Street 3. NAME OF 4. DATE DECEASED OF DEATH (Type or print) October CT.ARA JEANETTE. KOONTZ 9. AGE (In years | IF UNDER 1 YEAR | B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months 90 yrs. WIDOWED T December 15, 1870 Female 10a. USUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired Maryland At Home House work 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Elizabeth Himes John Bussard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detes of service) Mr. Ralph O. Koontz Jefferson, Maryland 18. CAUSE OF DEATH lEnter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), stating the underlying 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, : 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) While Not While at work | et work 21. I certify that (I) (this hospital) attended the deceased from Man saw the deceased alive on.

ONSET, AND DEATH PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO T (State) (County) 19. If, and that death occured at 1: 15 Albem the causes and on the date stated above. 22b. DATE 22a. SIGNATURE October 16,1961 ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 7 North Market Street, Frederick, Md. H. F. Kline MD 23e. BURIAL, CREMATION, | 23b. DATE THEREOF | 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Maryland Oct. 16. 1961 St. Paul's Lutheran Cemetery Jefferson Burial 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE arthur & Kraus M. R. Etchison and Son, Frederick, Maryland PACT 1 8 '61

e. IS RESIDENCE

YES NO

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M. B. Abchloon and Don, Frederick, Maryland ... Curt William College

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11393

CERTIFICATE OF DEATH

22000	
I. PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. STATE b. COUNTY
FREDERICK MARYLAND	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	
RURAL Frederick lifetime	X RURAL Frederick
J. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
/ Frederick Memorial Hospital	Frederick, Md. YES X NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer OF
(Type or print) EMERY BURHAM	LEASE DEATH October 9 161
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White Widowed Divorced	8. DATE OF BIRTH Feb. 17 1874 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Farmer Farming	Frederick County Md. USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Luther E. Lease	Ascena Poole
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	. INFORMANT Address
(Yes, no, or unkown) (Ifyesgive werordeles of service) 215–36–7255	Mrs. Maurice Alexander Frederick, Md.
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).]	INTERVAL SETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OCULE Pul	mores Coline / Tadier
4/20,0 DUE TO OI	, vous c
and broad 10	ANTION LINE 4 Litters
Conditions, if any, which gava rise to immediata couse	and factors
(a), steting the underlying DUE TO	alla tic Tremet die 10 mg.
cause last. (c) COVORD 34	aller and aller
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAR AUTOPSY PERFORMED?
Conglu. Olgornuly Thorax;	h. pul. Implipered YES NO DE
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT COUGH. OF CONTRIBUTING 1 CAUSE OF DEATH OR CONTRIBUTING 1 CAUSE OF DEATH OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter beture of injury in Perl or Perl II of item 18.)
	PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	factory, street, office bldg., etc.)
point and a second a second and	65 900t 11
21. I certify that (I) (this bosphal) attended the deceased from	m, 19.00 to 10.000, that (I) (we) las
saw the deceased alive on 1990, and the	nat death occured atM, from the causes and on the date stated above
299 AGNATURE	ATTENDING MED. STAFF 22b. DATE
Charles & Milles X	M.D. PHYS. DIRECTOR PHYS. 10-10-1961
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Dr. Charles H. Conley, Jr. 1	MIL. 228 North Market Street Frederick, Md.
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	RY OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) Burial 10-12-1961 Mount Olive	t Cemetery Frederick, Maryland
24-FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Robert B. Dailey & Son Frederick,	Maryland DATE OCT 11 '61 Cather S. Kraus

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Trederick Lamorial Hospitel Prederiof, 14.

Dublier L. Tease State Hools

FOR STATE HEALTH DEPT. EDUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after dead any delay is necessary, page execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, and in any event within 72 hours after deaths.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11394 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDEN	CE (Where decessed lived, If institu	ution, Residence before edmission)
Frederi ck	MARYLAND	Maryland	Frederick	_
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16		If outside corporete limits, write RUR	
write RURAL end give neerest town) Frederick	3 days			
d. NAME OF HOSPITAL OR INSTITUTION (if not in		d. STREET ADDRESS	e R.D. (Centery	(I LILE)
Frederick Memorial Ho		Rura	1 1	ON A FARM? YES NO
8. NAME OF First DECEASED	Middle	Lesi	4. DATE Month	Dey Yeer
(Type or print) Earl	Wilsonxxwi	PREK LVles	DEATHOCTOBER IZ	1%1
5. SEX 6. COLOR OR RACE 7. MAR	RIED THEYER MARRIED 1 8	DATE OF BIRTH	9. AGE (In yeers IF UI	
Male Colored WIDO		pril I4, I9	lest birthdey) Mor	nths Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired)	. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State		2. CITIZEN OF WHAT COUNTRY?
Chauffer delivery true	:k	Frederick	County	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN		U.D.A.
Ernest Lyles		Bessie Th		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
(Yes, no, or unkown) (If yes give wer or dates of service)	270-74 7700 1			
18. CAUSE OF DEATH [Enter only one cause p	210-14-1786 H	ospital eec	ords	L INTERNAL SETTIONS
PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH
IMMEDIATE CAUSE (e) CE	ardiac Arrest			
560,5 DUE TO	cute Pulmonary	Edomo		
Conditions, it eny, which (b)	save raimonary	edema		
geve rise to immediate cause (e), stating the underlying DUE TO				
cause lest. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN	
This occured go	ring an operat	ion for her	nia gived cerdi	YES X NO
PART II. OTHER SIGNIFICANT CONDITIONS CO. This occured gi 20%. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20%. DES	CRIBE HOW INJURY OCCURED. (E	nter neture of injury In Per	t I or Part II of item 1B.) MES	sage
Z 20c. TIME OF INJURY Month, Day, Year 20	d. INJURY OCCURRED 200, PLA	CE OF INJURY (Home, ferm	n, 20f. (City or town)	(County) (State)
Hour a.m.		ory, street, office bldg., etc.		(Siele)
21. I certify that I took charge of the r	emains described above, he	ld an Autopsy X,	Inspection Inquiry	, and in my opinion
death resulted from: Natural causes	_		, Undetermined manne	er 🗍
		CHIEF MEDICAL I		
ACTUAL BOTT	-221	ASSISTANT MEN	ICAL EXAMINER	DATE SIGNED
SIGNATURE TO STORY	nee	M.D. DEPUTY MEDICAL		ober 13,1961
EXAMINER'S B.O. Thomas, M. I).		city, town, or county)	0001 19,1901
228. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR		22d. LOCATION (City, lown, or co	ountry) (State)
Burial 10-16-61	Eberneezer		Frederick Co.	Maryland
23. FUNERAL DIRECTOR	ADDRESS -	24e. REC	D BY REGISTRAR 246. REGISTRA	R'S SIGNATURE
C.E.Hicks 111 Fre	derick, Mary	Land DATE OF	117'61 Costing	S. Thomas

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der Page 4 may be retained by the hospital or attending physician.

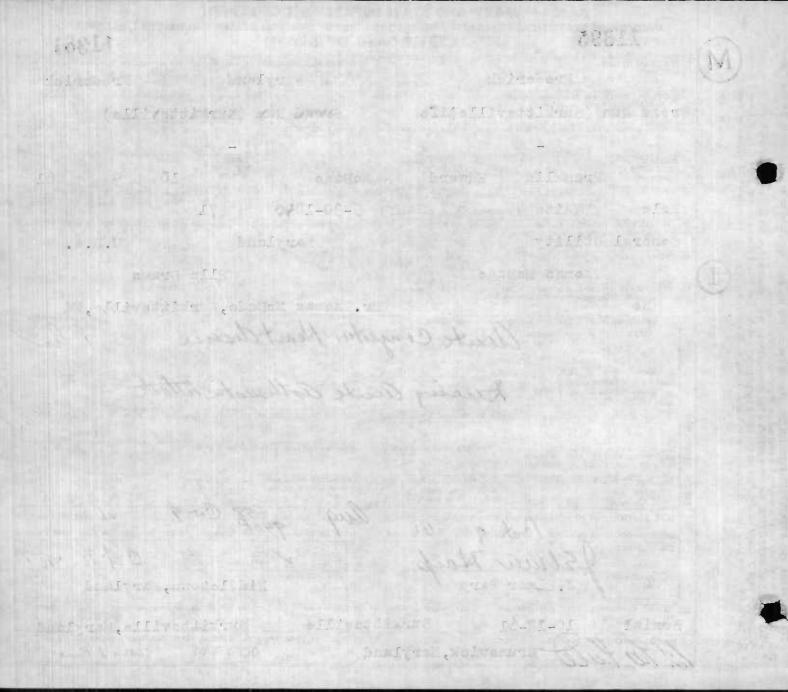
O SOBREAL DIRECTOR: After this certificate has been signed by the attending physician and content of the filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by the funeral be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
L1395
CERTIFICATE OF DEATH 11381

1-									
1	PLACE OF DEATH COUNTY Frederick	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) e. STATE Waryland b. COUNTY Hyperick							
-	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporala limits, write RURAL and give nearest town)							
	Bread Run (Burkittsvillelife	XBroad Run (Burkittsville)							
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES NO							
3	NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yeer							
ı		McDade DEATH 10 9 1961							
5	6. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In yeers FUNDER 1 YEAR IF UNDER 24 HRS.							
	Male White WIDOWED TO DIVORCED	5-30-1890 71 yrs. Months Deys Hours Min.							
1	08. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) General Utility	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland U.S.A.							
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	Thomas McDade	Ella Grams							
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 Yes, no, or unkown) (Ifyesgivewerordatesofservice)	INFORMANT Address							
ľ		.Themas McDade, Burkittsville, Md							
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND BEATH							
-	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) / Dute Conque	tin Heart assesse I fan							
	24/ V DUE TO								
	Conditions, if eny, which \ (b)								
	geve rise to immediate cause (a), stating the undarlying DUE TO Prince (C)	te asthquatic attack.							
	cause lest. (c)	ore convenience coverage							
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED?							
AT.		YES NO							
CEDTIEICATION	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)). (Enter nature of injury in Part I or Pert II of item 18.)							
MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLA While Not While fact p.m. 19 et work at work	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)							
	21. I certify that (I) (this hospital), attended the deceased from	1958 to Oct 9 , 1961, that (1) (we) last							
	saw the deceased alive on 1961, and that	death occured a							
	220. SIGNATURE LELMEN Hach	ATTENDING MED. STAFF DIRECTOR SIGNED PHYS. DATE SIGNED							
	22c. PHYSICIAN'S NAME (Type) J. Elmer Harp	22d. ADDRESS Middletown, Maryland							
2	38. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stata)							
	Burial 10-12-61 Burkitt								
2	A FUNERAL DEECTORY SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE							
1	19 hu Lule Brunswick, Maryland	DATE OCT 17'61 Orthur S. Kines							
4									



propers, Pages 1 and 2 should in 72 hours after death. TO SESTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

Year 4 may be retained by the hospital or attending physician.

Year 5 TO FONERAL DIRECTOR: After this certificate has been signed by the attending physician and conversely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagests. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND	STATE	DEPARTMENT	OF HEALTH
2012-214			

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11396
CERTIFICATE OF DEATH
11382

1	a. COUNTY		2. USUAL RESIDENC			idence before admission)
	Frederick	MARYLAND	. STATE Maryl	and b.	COUNTY	rederick
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	foutside corporata limit	s, writa RURAL and g	give neerast town)
/	Sunnyside (rural)	54 years	Rural	Frederic	ck Co	
	d. NAME OF HOSPITAL OR INSTITUTION (if n	ot in hospital, give street addrass)	d. STREET ADDRESS			IS RESIDENCE ON A FARM?
	Rt & Frederic	k, Md	/Rt 4,Fre	derick		YES NO TH
3.	NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Dey Year
	(Type or print) Marv	Lutitia	McKinney	DEATH 16)	15 19 61
5.	SEX 6. COLOR OR RACE 7.		. DATE OF BIRTH	9. AGE (In lest birt	years IF UNDER 1 YE	
1	1 0110110	VIDOWED DIVORCED	5-4 - 1887	74	yrs.	
10	e. USUAL OCCUPATION (Give kind of work	106. KIND OF BUSINESS OR INDUSTR		y & Stete, or foreign co		EN OF WHAT COUNTRY?
C	annery worker	annery	Carroll	Co, Mary	land U	·S·A
13	. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME		
J	ohn Joweary		Sarah 3	Jobes		
	. WAS DECEASED EVER IN U.S. ARMED FORCE		NFORMANT	A	Address	
	es, no, or unkown) (If yes give werordetes of serv	220-01-5203J	ohn McKinne	ev R	t4 Sunny	side, Fred
	18. CAUSE OF DEATH [Enter only one ce			1	N. C.	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+)	(aroung)	Lelline	der		ONSET AND DEATH
	420 1 DUE TO	The state of the s		501 N	0	
	Conditions, if eny, which) (b)	(Kermann	Deleros	13/00/2	alielos	5412
	geve rise to immadiete cause			-	Mercier	1
	(e), staring the underlying	2011,000	\	/	/(~	
z	PART II. OTHER SIGNIEICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION	ON GIVEN IN PART 1	(a) 19. WAS AUTOPSY
15	0/	Turocarel	of the			PERFORMED?
5	200. ACCIDENT WAS UNDERLYING 2	Ob. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in F	Pert I or Part II of item 1	8.)	
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
18	20c. TIME OF INJURY Month, Day, Year		CE OF INJURY (Home, ferm		(County	y) (Stete)
MEDICAL	Hour e.m.	While Not While fact	ory, street, office bldg., etc.	1		
^	21. I certify that (I) (this hospital	attended the deceased from	June	19.54/10	10/18/19/2	/, that (I) (we) last
	saw the deceased alive on	//	death occured at			
	220. SIGNAPORE	7				22b. DATE
	1 (204)	Tarce		RECTOR PHYS.		10/SIGNED
	22c. PHYSICIAN'S	17	22d. ADDRESS	18, 1 74-1-1		11/6,
	NAME (Type)	DRICE	Taddam	Marani	1 2	
23	Ba. BURIAL, CREMATION, 23b. DATE THEREC	F 23c. NAME OF CEMETERY	OR CREMATORY Jers	23d. LOCATION	ity, town or county)	(State)
	REMOVAL (Specify) Burial 10-18-61	Sunnysid	e	Frederi	ck, Co	Md
	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. REC	D BY REGISTRAR 25	b. REGISTRAR'S SI	GNATURE
	Mrs C.E. Hicks, Ll	- 73 . 3 . 3 . 50	2	CT 2 0 '61	arthur S.	
	, , , ,		IDATE			

QC 100 HELEN HOLL VOICE AL MINER OF THE SEC. New York on the County of the

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	1397	Item 9 Fil		20/61 iwk	11383
	derick if outside corporate limits,	MARYLA	a. STATE	ryland	ved, If Institution: Residence before admissic . COUNTY Frederick its, write RURAL and give nearest town)
write RURAL end	give nearest town) aderick	88 year	11 11	ederick	is, write KOKAL end give nearest town;
	TAL OR INSTITUTION (if r	of in hospital, give street address g Home		L Grove Blvd	ON A FARM YES NO
NAME OF DECEASED (Type or print)	First	Schroeder	Mobley	4. DATE OF DEATH	Month Dey Yeer 13, 19 61
S. SEX	4400 0 1	MARRIED NEVER MARRIED	8. DATE OF BIRTH	1873 9. AGE (II lest bir	n yeers IF UNDER 1 YEAR IF UNDER 24 HR. Hours Months Deys Hours Min.
Oa. USUAL OCCUPAT dona during most of wo Homemak	ION (Give kind of work rking life, even if ratired)	10b. KIND OF BUSINESS OR IN	NDUSTRY 11. BIRTHPLACE	(County & Stete, or foreign of ck, Waryland	ountry) 12. CITIZEN OF WHAT COUNT
3. FATHER'S NAME George	A. Schroeder		14. MOTHER'S MA		
5. WAS DECEASED EV		S? 16. SOCIAL SECURITY NO.	Mrs. Mary A		Address 201 Grove Blvd. Fred
Conditions, if eny geve rise to immadi (a), stelling the uncause lest.	ete cause	Carcinon	ia, ceci	m	6 mult
PART II. OTHER 2Da. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	ERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(0) 19. WAS AUTOP PERFORMED YES NO
2Da. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY OF	CCURED. (Enter neture of inju	ry in Part I or Part II of itam	18.)
20c. TIME OF INJU Hour a.m. p.m.	RY Month, Dey, Year	20d. INJURY OCCURRED 2 While Not While et work et work	De. PLACE OF INJURY (Home factory, street, office bldg) (County) (State)
	hat (I) (this hospital	19/1			auses and on the date stated abo
22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	Tamo Dr. B. O. T	nomes, Jr.	M.D. ATTENDING PHYS. 22d. ADDRESS 228 NO.	MED. STAF	10-13-1961
3e. BURIAL, CREMATI REMOVAL (Specify)	ON, 236. DATE THEREO		Memorial Par		City, town or county) (Steta) k. Maryland
Robert E.	3 77 4 17	ADDRESS		. REC'D BY REGISTRAR 2	56. REGISTRAR'S SIGNATURE

11397

15.13ber

Moderators.

Telephone Telephone

Codrege A. Solmonder

db years Prederick

bea.

Monococcy Hall Mursing Home 201 Grove Blvd.

Courie Schroeder Mobiley October 15, Weemle White A Howender 5, Male 55

Production, Maryland D.S.A.

Mary Alice Wolf

irs. Mary Alice Markey 201 Grove Blvi. Fred. Mt.

none

m. i. o. nomis, dr. 1.0. 226 Forth Brist Street redomiel, M.

Burtal. 10-16-1961 Fraderick Memorial Fark Frederick, Maryland

Holert L. Liley & Son Frederick, Maryland De Solid . Strain

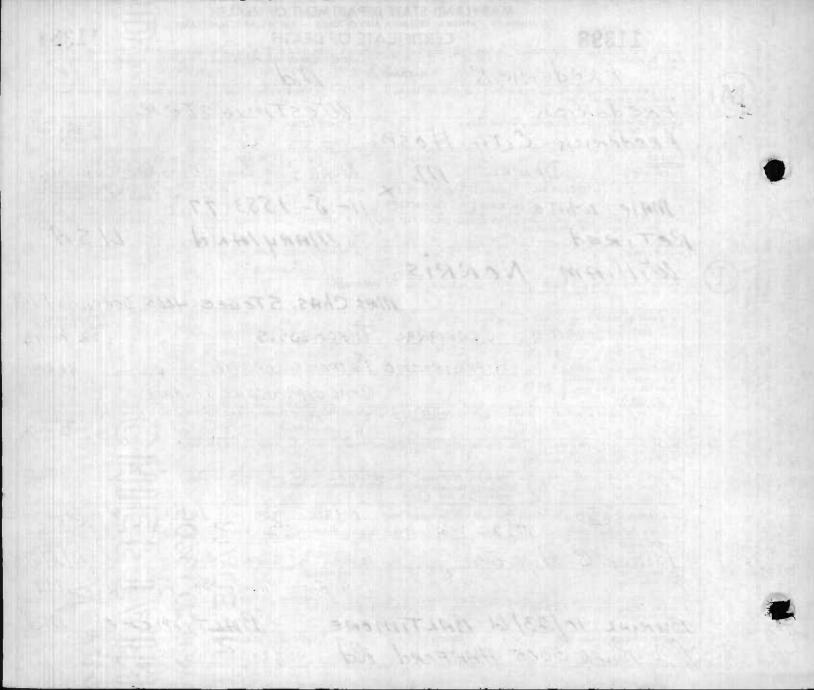
1301-8-01

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To.

Modern old

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND 11398 RTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) director, 1 PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 RURAL and give nearest tawn) REDERIC the NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 24 REDERICA NAME OF First Middle 4. DATE Manth Year Day DECEASED ANIEL OCTUBER (Type or print) DEATH 1960 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH S. SEX 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Haurs DIVORCED [WIDOWED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Rec pup pau 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician COL . 5 unknown event, with remave WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give war or dates of service) attending please 18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 1HROMBOSIS EREBRAL DUE TO HYPERTENSIVE Canditians, if any, which HRTERIOSCLEROTIE eavs gave rise to immediate DUE TO cause (a), stating the under-CARDIOVASCULIAR DISEASE lying cause last. been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) certificate OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year (County) (State) factory, street, affice bldg., etc.) Haur a.m. While Nat while After this at wark at wark 10130 19 6/ that (W (we) last 21. I certify that (1) (this hospital) attended the deceosed from.__ 19.61, and that death occurred at 2.4M, from the couses and on the date stated above. sow the deceosed olive on. DIRECTOR: 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR pe M.D. 6 22c. PHYSICIAN'S 22d. ADDRESS P NAME (Type) PRAL CHURCH ST. FREDERICK 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, ar caunty) (State) REMOVAL (Specify) TO F 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25b. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR VR A15 (4) Cithur S. Kraus DATECT 2 4 '61 1SM 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11385

11399

Item 14 Film G299 11/3/61 interest BALTIMORE 1,

1.	PLACE OF DEATH		2. USUAL RESIDEN	CE (Where deceased lived, If institutions	Residence bafora admission)
-	a. COUNTY		a. STATE	b. COUNTY	# 19a
_	b. CITY OR TOWN (if outside corporate limits,	MARYLAND	Md	If outside corporate limits, write RURAL as	
	writa RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITT OK TOWN	in outside corporata limits, write KOKAL at	ud Bisa usatezi iomu)
	Rural Emmitsburg	50 vrs.	Rural Er	mitsburg	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospit	al, give streat addrass)	d. STREET ADDRESS		e. IS RESIDENCE
-			1		ON A FARM?
			JV		YES NO
3.	NAME OF First	Middle	Last	4. DATE Month	Dey Yaer
	(Type or print) Thomas Josep	h Norris		DEATHOEt. 25. I	OGT 19
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVED MADDIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER	TYEAR IF UNDER 24 HRS.
		INEVER WARRED		last hirthday)	
	Male White WIDOWED	DIVORCED A	pril 20.18°	(O O3 yrs.	
		D OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cou	nty & State, or foreign country) 12. Cl	TIZEN OF WHAT COUNTRY?
uc	one during most of working life, even if retired)	+ Manne A	allows Twol	land Mananana a	- TT C A
13	Professor Mt. S	or war As C	14. MOTHER'S MAIDEN	land Tipperary C	o. U.S.A
13	FATHER S NAME		14. MOTHER S MAIDEN	NAME	
	James Norris		unkno	wn	
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. Se	OCIAL SECURITY NO. 17.	INFORMANT	Address	
(Ye	es, no, or unkown) (Ifyesgive war or datas of service)				
_	No 217		Lumen F. Nor	rris Emmitsburg	Md
	18. CAUSE OF DEATH [Enter only one cause par line		1.		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ronery o	ecclusion		Orioti rino barriri
	1100	- county c			
	92011 DUE TO	t (1.1	.4		To years
	Conditions, if any, which (b)	moscuo	u		10 jewes
	gava risa to immadiate cause				
	(a), stating the undariying				
	(6)			DISTANCE CONTRIBUTION OF THE PARTY	TALL SO MAN ALITORSY
CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT N	OF RELATED TO THE TERMI	INAL DISEASE CONDITION GIVEN IN PA	PERFORMED?
AT					YES NO Z
FIC	20a. ACCIDENT WAS UNDERLYING 20b. DESCR	RIBE HOW INJURY OCCURE	D. (Entar nature of injury in	Part I or Part II of item 18.)	
ERT	OR CONTRIBUTING CAUSE OF DEATH				
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL		1-	ACE OF INJURY (Home, far ctory, street, office bldg., etc		ounty) (Stata)
0	Hour a.m. While at work	1401 1111110	ciory, sireer, office brug., en		
2	p:m: 12			50 A. 43 F	//
	21. I certify that (1) (this hospital) attended				
-	saw the deceased alive on Oct 24	19.4/ and tha	t death occured 6.	1.54 Mom the causes and on	the date stated above
	22a. SIGNATURE	1			22b. DATE
	Herash Marningn	tas	2000	MED. STAFF	SIGNED
		- acr	W.D.	DIRECTOR PHYS.	
	22c. PHYSICIAN'S NAME (Yypa)		22d. ADDRESS		
	George L. Morning	ster	S-Setion	St. Emmitsburg	MD
22		23c. NAME OF CEMETERY		23d. LOCATION (City, town or cour	
23	REMOVAL (Specify)			Maria de Santo de Maria	
	Burial Oct.27.1961	St. Anthon	v_Cem.	Emmitsburg R.D	• MD
	Charles and a second contraction		25- 05	C'D BY DECISTRAD 256 DECISTRAD'S	CICNATURE

Thurmont. Md DATE

OCT 3 1 '61

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Malo White Comments of the

Professor - W. & B. Marys College-Trelend Concern Co. W.S. P.

SIP-30-5759 Lumna P. Hoppin NE bradetimes

Occase I. Wenter and the mater. I water town I because

Dirial Oct. 27. 1961 St. Anthony Con. _ _ Intitation 19. 10. 1. Main LEAN SEELEN THE HID IN SM . I HOMERICAL ASSOCIATION STATES AND ASSOCIATION OF THE PROPERTY OF

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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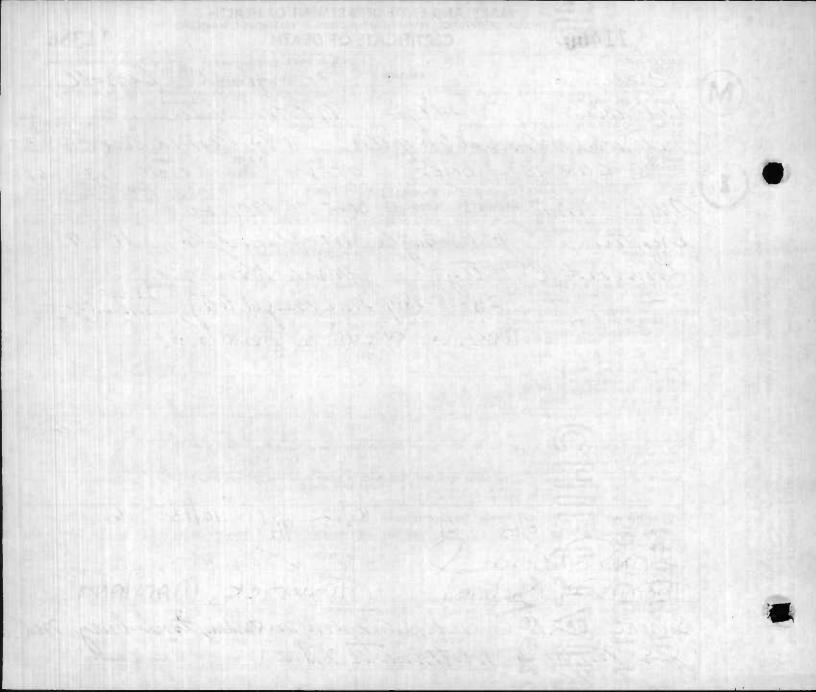
1. PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	rere deceased lived. If insti		fore admission)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	stside corporate limits, writ	e RURAL ond give n	earest town)
TRURAL opd give meorest town)	2 deus	What	munotes	06	27-2
d. NAME OF HOSPITAL (If not in hospital, give street on institution	eet oddress)	d. STREET ADDRESS	0=0		e. IS RESIDENCE ON A FARM?
Friderick memo	real Atropic	al 19	15 Penn	a llug	YES NO
NAME OF DECEASED (Type or print) CURTIS	OMER Middle	OTEY	OF		Day Yeor 13 1961
SEX 6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year lost birthdo		AR IF UNDER 24 HRS. Hours Min.
I will be the	OWED DIVORCED	Sept. 30 1	90/ 60	yrs.	
do. USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired)	06. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE Stote	or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
printer x	of Ismling Co	wordla	um, va	. 42	5-4.
FATHERS NAME	101	14. MOTHER'S MAIDEN N	NAME		
amerora C.	My	Harah	1-mgsl	n	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, ar unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17.1	NFORMANT	11/1	Address	
	218-03-2889	Ina many	a. aley	addi	les
18. CAUSE OF DEATH [Enter only one couse pe	r line for (o), (b), and (c).]		1)		ITERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ASSIVE as	pication P	neumenta		
491X DUE TO		U			
Conditions, if ony, which (b)					
couse (o), stoting the under-					
lying couse lost.) (c)					1
PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1(0)	PERFORMED?
	Second to the second		n		YES NO
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRI	D. (Enter noture of injury in i	Port or Port II of Item 18.		
	L.	ACE OF INJURY (Home, form		(County	y) (Stote
	work of work	1	1		
21. I certify that (I) (this haspital) atte	ended the deceased fram.	10/12 -19	1. to 10/13	1961	that (I) (we) last
saw the deceased alive an 10/13		. 40	M, fram the causes		
220 IS GNATURE			/		22b. DATE SIGNED
thorono licho	W L	M.D. PHYS. DI	RECTOR PHYS.		SIGNEL
22c. PHYSICIAN'S		22d ADDREAS	m	1	
Thomas D. Mic	hael	treder	1CK, 11)	MAILTA	101
Ba. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City, Jay	vn, or county)	(Stote)
Burnal Oct 18 6	1 sversien	memorial	Garden In	mostry	ra ma
4. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS /	250. REC	D BY REGISTRAN 2Sb. R	EGISTRAR'S SIGNAT	TURK
X. 2. /min, A.	Westrumo	les, morrect	19'61	rehus S. Thank	4

in by the funeral directar, and 2 shauld be filed with 217AL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haurs after death. Page-

Then please remave carban popers. Pages Prevised Intervaled by the hospital or attending physician.

D. FOWERAL DIRECTOR: After this certificate has been signed by the attending physician and completely it page 3 shauld be detached for use as the burial-transit permit. Then please remave carban popers. Page the State Baard of Health priar to burial, cremation, or remaval, and in any event, within 72 hours after despite the State.

TO FO TO H VR A15 (4) 1SM 9/59



TO SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the page 4 may be retained by the hospital or attending physician.

Yes a construction of the page 4 may be retained by the hospital or attending physician and construction by the funeral or of records and construction or the filled in by the funeral or director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth.

	MARILAND STATE DE	PARIMENI OF	HEALIH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMOR	E 1, MARYLAND
17.301	CERTIFICATE	OF DEATH		11387

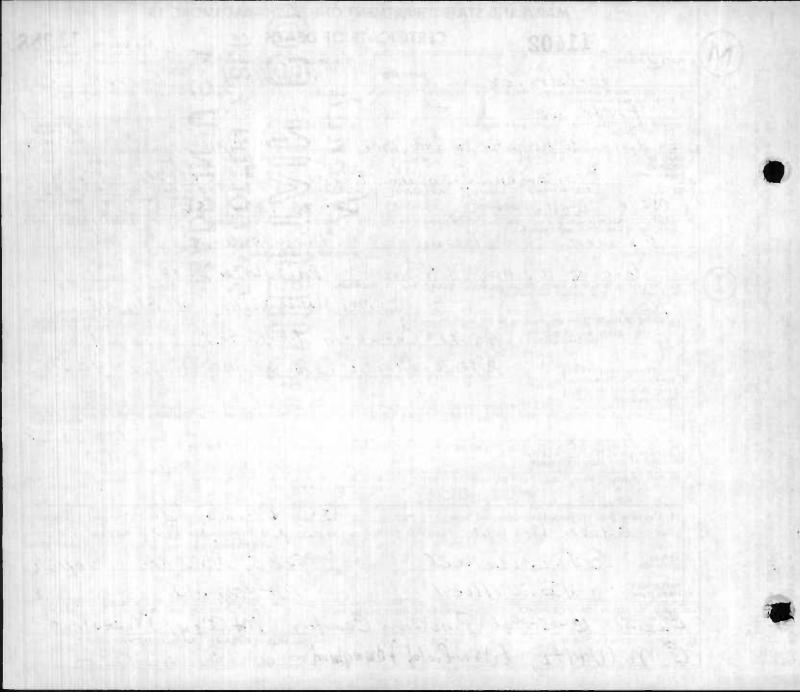
1.	PLACE OF DEATH a. COUNTY			CE (Where deceased lived, If institution: Residence bafora admission)
	Frederick	MARYLAND	Marvland	b. COUNTY Frederick
_	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		If outside corporete limits, write RURAL and giva neerest town)
	Frederick	2 yrs	Frederic	k //
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	21A West All Saints	St	21A West	All Saints St YES NO X
3.	NAME OF First DECEASED	Middle	Lost	4. DATE Month Day Year
	(Type or print) Mary	Ambush	Price	DEATH 10 11 19 61
5.	SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED B	DATE OF BIRTH	9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female Negro widowi	**	5-10-1901	60 yrs. Months Days Hours Min.
10. de	. USUAL OCCUPATION (Give kind of work needuring most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	try & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
- 1	hotel maid		Frederi	ck, Markland U.S.A
13	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME
-	Earnest Ambush		Joh nnie	Williams
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Address
	-No	nknowN	Annie Nay	lor 156 Saints St Frederick
	18. CAUSE OF DEATH [Enter only one ceuse per	line for (e), (b), end (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	EN DEATH-	Probable C	ORONARY THROMBOSIS MINUTES
	4/20.1 DUE TO			
	Conditions, if eny, which) (b) NYDG	RTENSIVE ART	PRIOSCLERAT	ic HEART DISEASE 4 Years
	geve rise to immediate cause	of Elv of via		
	(a), steting the undarlying cause lest.			
Z		TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
ATIC	Rheumatoid Arthri	tis . Spas	TIC PARAPLI	EGIN. Mild. YES NO X
CERTIFICATION	200. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Pert II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm	n, 20f. (City or town) (County) (State)
MEDICAL	Hour e.m. While	THE TABLE	ory, street, office bldg., etc	.)
2	21. I certify that (I) (this hospital) after		0/21	19.6, to 10 / 1/ 19.6, that (I) (we) last
	22e. SIGNATURE			
	Richard C. 1	Reynolds, M		MED. STAFF PHYS. 10/12/6/
	22c. PHYSICIAN'S NAME (Type) RICHARD C	REYNOLDS	22d. ADDRESS Q €	AST CHURCH ST. FREDERICK, M.
23	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or county) (State)
P	removal (Specify) urial 10-14-61	St Pauls		Della, Frederick Co, Md
24	FUNERAL DIRECTOR'S SIGNATURE C. E. HICK	ADDRESS	n 2 m	C'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	Hicks Funeral Home	Frederick,	Md POTET	17'61 arthur S. Mrsus
-				

HILL AND THE REAL PROPERTY AND ALL THE ALL THE REAL PROPERTY AND ALL THE PROPERTY AND ALL THE REAL PROPERTY AND ALL THE state of a doc in the state of the state ment have at a part of the state of the state of the state of the state of the first of the state of the s Bloks convert to the Broncelck, ad

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1	11402 CERTIFIC	Ale OF DEATH	Reg. Dist. No. 1.138
1	1, PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If	
	Frederick MARYLAND	Mary land	Carrell /
	b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN of autside carparate limits,	write RURAL and give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	06X 2
9	OR INSTITUTION	Now the Man	e. IS RESIDENCE ON A FARM?
	3. NAME OF First Middle	Lost 4. DATE	Manth Day Year
	3. NAME OF DECEASED (Type or print) Bon 1 2 114 A 15 Figure 20 This is a control of the control	OF .	Month Day Year 12 1961
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (Ir lost birt	
	Mèle White WIDOWED DIVORCED	1 1) 6 . 7 7 / 17 7 / 1 10 /	(hday) Manths Days Haurs Min.
1	10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDIduring mast of warking life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
	Farmer Farm	Maryland	us.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-/
)	15. WAS DECEASED EVER IN 8. S. ARMED FORCES? 16. GOCIAL SECURITY NO.	INFORMANT	Address
/	(Yes, no, or unknown) (If yes, give wor or dates of service)	Mr. Hattie Rioley	M+ Arm Nol
ì	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]	The state of the s	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cov.	onery Thrombosic	ONSET AND DEATH
H	DUE TO	4	
	Conditions, if any, which gave rise to immediate (b) Arterioscleve	otic Cardiovascular C	icease 10 years
	cause (a), stating the <u>under-</u> lying cause last.		
	, (c)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(g) 19, WAS AUTOPSY
	CATIC	THE TENTO ME TENTO TENTO	PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature af injury in Part I or Part II of item	18.)
	- II	LACE OF INJURY (Hame, farm, 20f. (City ar tawn)	(Caunty) (State
	Haur a. m. p. m. 19 While Nat while at wark at wark	and, y, street, entire bregs, etc.,	
	21. I certify that I attended the deceased fram.	, 1955, to October, 1	1961, that I last saw the decease
	alive an October 12, 196, and that death		ses and an the date stated above
	ACTUAL PAR COLORO	ADDRESS (Street, city o	r tawn, state) DATE SIGNE
	SIGNATURE OF THE CELEBRATE	M.D. 750 20 11012	10/13/6
i	PHYSICIAN'S W.B. CUlwell	Mr. Airy, M.	d.
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY (SMOVAL (Specify) 10-15-1961 PINE Grave	P / 1001 (3)	tawn, ancounty) (State)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Cemetery IVIT, CE, T 1	REGISTRAR'S SIGNATURE
	C.M. Waltz Winfield M	Way und DATE OCT 17'61	wilms S. Thous

ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 rin by the funeral directar, and 2 shauld be filed with Pages 1 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely it page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Page the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. VS A15 (4) ISM 9/SB



MARYLAND STATE DEPARTMENT OF HEALTH F STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) e. COUNTY MARYLAND the d 2 by the and 2 death. b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) BRUNSWICK .5 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) STREET STREET NAME OF 4. DATE DECEASED OF (Type or print) DEATH 9. AGE (In yeers | IF UNDER 1 YEAR RACE 7. MARRIED NEVER MARRIED and lest birthdey) WIDOWED [Stete, or foreign country) 16. SOCIAL SECURITY NO. 1 17. INFORM DECEASED EVER IN U.S. ARMED FORCES? MRS LOVELLA RINKER, BRUNSWICK, 18. CAUSE OF DEATH [Enter only one ceuse paline for (e), (b), end (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY certificate CERTIFICATION prior 2De. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) for OR CONTRIBUTING [CAUSE OF DEATH the (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 2Df. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. et work et work 19 DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased laive on .. and that death occured at ... AM, from the causes and on the date stated above. 22e. SIGNATURE ATTENDING STAFF DIRECTOR PHYS. PHYS. 22d. ADE 455 22c. PHYSICIAN'S NAME (Type) 23e. BURIAL, CREMATION, 236. OR CREMATORY REMOVAL. (Specify)

e. IS RESIDENCE ON A FARM?

YES NO

1961 IF UNDER 24 HRS.

Hours

ONSET AND DEATH

PERFORMED? NO

(Stete)

22b. DATE

12. CITIZEN OF WHAT COUNTRY?

Months

(County)

25b. REGISTRAR'S SIGNATURE

NOV 3 61

DATE

0 VR A15 (4) 15M 9/60

. . MARGINARY POETERICK THEONER GS FREE BROWNER 320 H 518EE 220 H 578EE JAMES FIEREY KINKER 10 29 EI MALLE MAITE X 4-19-1896 63 THEIRES THRIER TO TO SELECT PRIARY WANT LISH KIRBY S. TIMKER PENNER KENNER ME LOTTER THREE TROMSWICKY 1 3 WORLD WARF mile day of an angle of Vertical St. V-9 Vinet of 12 THE REAL PROPERTY OF THE PARTY The state of the s Firms 11 the March Col. Land & Back & Back & Back 19 to feet Browning Margarite TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may retained by the haspital or attending physician.

TO F MAL DIRECTOR: After this certificate has been signed by the attending physician and campletely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Page 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1	11404	CERTIFICA	ATE OF DEATH		Reg. Dist.	No. 11391)
1	PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who. STATE	_ b. COUN	VTV	
	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	Maryla	and utside corporate limits, wri	red	erick
	RURAL and give nearest town)		VI a To		ie kukat ona give	e nedrest town)
	d. NAME OF HOSPITAL (If not in hospital, give street	11 Yrs.	d. STREET ADDRESS	Airy		IS DESIDENCE
	OR INSTITUTION R. D. #	outen) R. D. #	4		e. IS RESIDENCE ON A FARM? YES NO
1	3. NAME OF First DECEASED	Middle	Lost	4. DATE	Manth	Day Year
	(Type or print) HARVEY F.	RTPPEO	M	OF DEATH Octo	her 17	1961
		RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye last birthda		EAR IF UNDER 24 HRS.
	Male White WIDOW	The second secon	Aug. 7. 180	97 64 birthdo	yrs. Months Do	bys Hours Min.
4	10o. USUAL OCCUPATION (Give kind of work done 10b.					N OF WHAT COUNTRY?
	during most of working life, even if retired) Merchant					
	13. FATHER'S NAME		Maryland 14. MOTHER'S MAIDEN N		U.	S. A.
	John Z. Rippeon			Zimmerman		
刀	(Yes, no, or unknown) (If yes, give wor or dates of service)		NFORMANT		Address	" -
1	22	20-16-4153 M	rs. Hilda E	. Rippeon,	Same	as # 2
1	18. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c).	CA.	. 1		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	rebrel Vin	wor (Mal	anaut)		ONSET AND DEATH
	1930 DUE TO			()		
	Conditions, if any, which)					
	gove rise to immediate					
	lying couse lost.				1927	
	/ (0)	ONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TERMIN	NAI DISEASE CONDITION	CIVENT INT BART 1	10 WAS AUTORSY
	CATIC	STATE OF STA	THE TEXASI	ARE DISERSE CONDITION	OIVEN IN PART I	PERFORMED? YES NO
1	205. ACCIDENT WAS UNDERLYING 206. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item 18.)		
	3 20c. TIME OF INJURY Month, Doy, Year 20d. II	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or town)	(Cou	nty) (Stote)
	20c. TIME OF INJURY Month, Doy, Year 20d. II While of wor	Not while to	ctory, street, office bldg., etc.			(5.5.5)
	21. I certify that I attended the deceas	ed from Supp	, 1940, to Ot	17 10/	of that I las	it saw the deceased
	olive on atx 16 , 194		occurred at 6 a	AA from the sauce	e and an the	data stated all and
1		The mor deoir		ADDRESS (Street, city or to		DATE SIGNED
	SIGNATURE MACIN	Harle.	ms	China 1	mi	12-111-6
	SIGNATURE CONTROL CONT	. 00000	M.D	Coord of	/-/	1011-01
	PHYSICIAN'S C. M. Van Pool	Le, M. D.	Mt.	Airy, Mar;	yland	
	220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, tow	n, or county)	(State)
	Burial 10-20-1961	Locust Gro	ve Cemetery	Frederick	Co M	arvland
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			EGISTRAR'S SIGNA	
	C. M. Waltz, Winfiel	ld. Marvlan	d DATEQCT	18'61	Withou S. Kr	au A

	7957 N. 1897		
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		Clinic Col. Sylv.	
		and the lates	THE PARTY OF THE PARTY
The state of the s			

101 VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 11405

1		PLACE OF DEATH O. COUNTY F1	ederick	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. SIATE Marvland Trederick							
	t	b. CITY OR TOWN (IF	outside corporote limits, write arest town) y Route 4	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Airv Route 4							
	(d. NAME OF HOSPITA	AL (If not in hospitol, give stre		d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES TO TENDEN TENDEN							
	(NAME OF DECEASED (Type or print)	ANK MCKI	WHEY ROHR B	A C / Lost 4. DATE Month Day Year OF DEATH Of 1961 P. DATE OF RIPTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.							
	5. S	B. DATE OF BIRTH 9. AGE (In years last birthday) 18 April 1896 9. AGE (In years last birthday) 65 yrs. Months Doys Haurs Min.										
	10a	during most of wark	N (Give kind of work dane ling life, even if retired)	Ob. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign country) Maryland U. S. A.							
\	13.	B. FATHER'S NAME			14. MOTHER'S MAIDEN NAME							
			amin Rohrba	A seek line and the seek line	Lydia Cochran							
		s, no, or unknown) (If yes, give war or dates of service)		NFORMANT Address Maryland							
		IIO CALISE OF DEA	NO		Mrs. Nellie G. Young, Mt. Airy Route I							
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PULMONARY Congestion										
		16->	DUE TO	G								
		Canditions, if any, which gave rise to immediate DIF TO										
		cause (o), stating the under- lying cause lost. DUE TO (c)										
9	N O				T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?							
,	ICATION	Extensive metastatic carcinoma of liver, inanition.										
	L CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] 20b. [] CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Port I ar Port II af item 18.)							
	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Wh		LACE OF INJURY (Home, farm, city, street, office bldg., etc.) (City ar tawn) (County) (Stote)							
1		21. I certify that (I) (this hospital) attended the deceosed fram May 1961 19 10/21/61, 19 that (I) (we) last saw the deceosed alive on 10/20/61 19 and that death occurred of 14/40%, from the causes ond on the dote stated obove.										
		22a. SIGNATURE	neass	- up	M.D. PHYS. DIRECTOR PHYS. 10/21/61							
		22c. PHYSICIAN'S NAME (Type)	Meadors, M.D.		Damascus, Maryland							
	23a	BURIAL, CREMATIO	The state of the s	23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town, ar county) (Stote)							
		Burial (Spacify)	23 Oct. 19		Cemetery Frederick County, Maryland							
	1	FUNERAL DIRECTOR	Blut Some	ADDRESS Libertytow	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Crithur S. France							

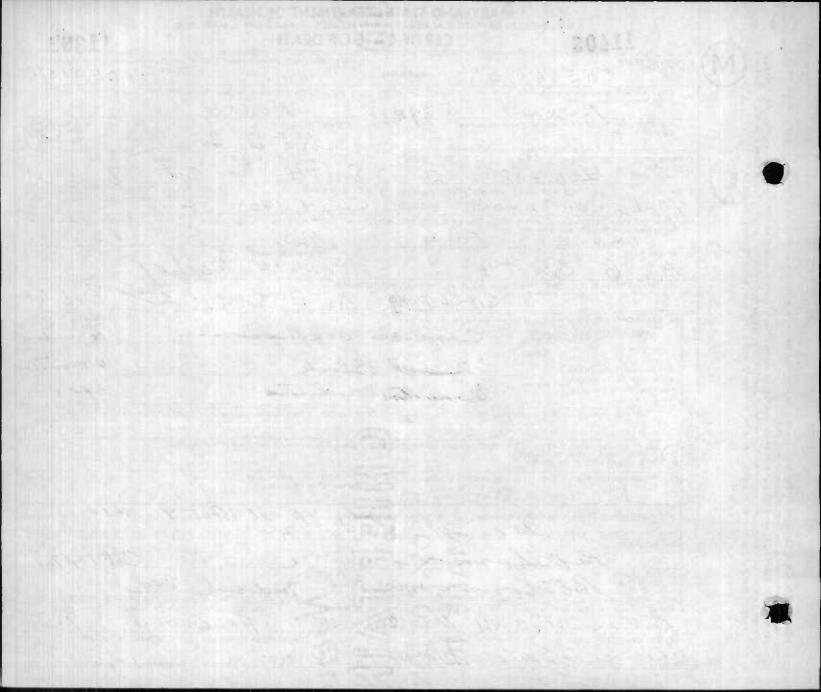
23.00 I ZONIA No Property t at the state of 7 Distance of the last of the and the second of the second and the second control of the control of the second TO MESSITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 ms. The families by the haspital or attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and campletely it in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Board at Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	11406	CERTIFICA	TE OF DEATH		11392
0.	ACE OF DEATH COUNTY PROBLEM CITY OR TOWN (If outside corporate limits, write	MARYLAND	2. USUAL RESIDENCE (Where deco		DERICK
	RURAL and give nearest town) NAME OF HOSPITAL (If nat in hospitol, give street OR INSTITUTION	584R5	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES (7-NO)
DI	AME OF First PECEASED Spee or print)	Middle	SMITH 4. DA		Doy Yeor 9 1961
S. SE	X V. ALE WHITE WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Ciry, 9, 1903	lost birthdoy) Months	Doys Hours Min.
	USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	MD	gn country) 12. CIT	ZEN OF WHAT COUNTRY?
_	ATHER'S NAME A SA TO SA TO TO TO THE STATE OF THE STATE	SOCIAL SECURITY NO. 17.	14. MOTHER'S MAIDEN NAME	MOXLEY	
(Yes,	(If yes, give wor or dates of service) B. CAUSE OF DEATH [Enter only one cause per I	18-30-9439	Ai. B. SM	17/1 2 m	Fred. Co-
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause (o), stating the under-lying couse lost. (c)	Cardiae Heart Drobetos	Block Mellitus		4 mentles
02	OR CONTRIBUTING CAUSE OF DEATH		ED. (Enter noture of injury in Port I o		PERFORMED? YES NO
1 -d -	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Haur a. m. p. m. 19 While at wo	Not while	LACE OF INJURY (Hame, farm, 20f, octory, street, affice bldg., etc.)	(City or town)	(Caunty) (Stole)
	21. I certify that (I) (this haspital) attensaw the deceased alive an Dece	ded the deceased fram	death accurred at 2M, fr	ta Oct 9 , 19 cam the causes and an th	
	22c. PHYSICIAN'S NAME (Type) PHYSICIAN'S NAME (Type)	man mis	M.D. ATTENDING MED. DIRECTOR	STAFF D CO	SIGNED SIGNED
23a.	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	IVET F	OCATION (City, town, or county)	(Stote)
24. F	UNERAL DIRECTOR'S SIGNATURE	ADDRESS FRIED 6	A MD DATECT 1 6	egistrar 25b. Registrar's s	

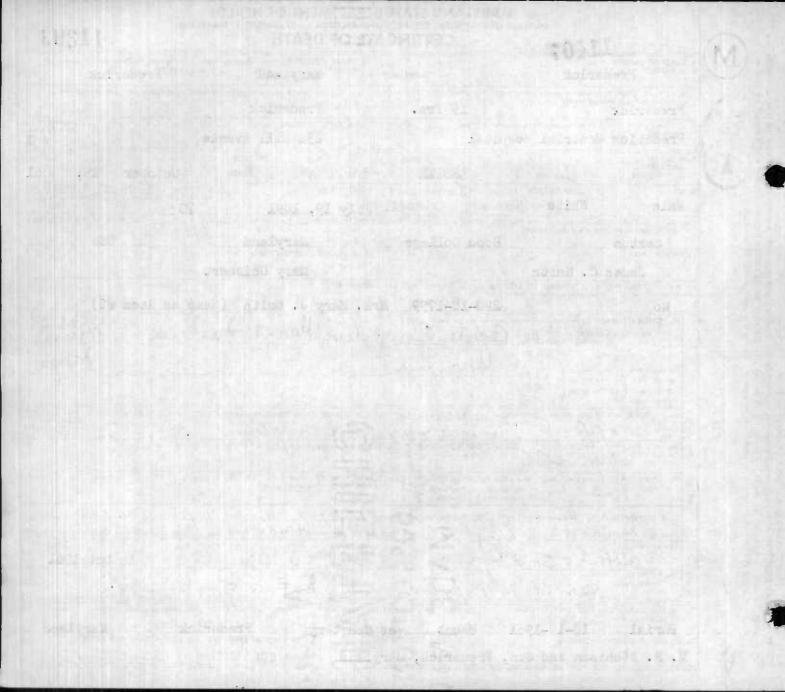


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VR A15 (4) 15M 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	11402		CERTIF	CAIL	DEATH				يار عاد و	100
1. PLACE OF DEATH o. COUNTY Fre	derick		MARYLA	2. USU 0. S	AL RESIDENCE (W	here deceased nd	d lived. If instituti b. COUNTY	ion: Residenc Freder	e before odn	nission)
b. CITY OR TOWN RURAL ond give r Frederick		its, write	c. LENGTH OF STAY IN	1 1b c. C	TY OR TOWN (IF		rote limits, write R	URAL ond g	ive nearest to	own)
d. NAME OF HOSPI POR INSTITUTION Frederick	Memorial H	ospit	oddress)	d, S	TREET ADDRESS 236 Di	ll Ave	nue		10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Jame		Middle LESTER	5m	Lost	4. DATE OF DEATH	Mor Oct	tober	Doy 15,	Year 19 61
s. sex Male	6. COTOR OR RACE White	7. MARR	RIED NEVER MARRIED ED DIVORCED	_	19, 189	ı	9. AGE (In years last birthday) 70 yrs.	Months	Days Hou	
100. USUAL OCCUPATI during mast af wor	ION (Give kind of work rking life, even if retired)	kind of Business or	INDUSTRY 11.	BIRTHPLACE (State		auntry)		USA	T COUNTRY
13. FATHER'S NAME				14. M	OTHER'S MAIDEN	NAME	100			
Jame	s C. Smith				Mary	Geisbe	ert			
1S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of	service)	SOCIAL SECURITY NO. 20-18-1799	Mrs. M	ary J. Sr	mith	Add (Same as	item	#2)	
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	, a	ne for (o), (b), and (c).]	gesti	ie Hea	47	arlen	e	ONSET A	BETWEEN ND DEATH
Conditions, if a gave rise to couse (o), stoting lying couse lost.	the <u>under-</u> DUE TO		Nema						. , , , ,	rys
20g ACCIDENT W	THER SIGNIFICANT CON	IDITIONS O	CONTRIBUTING TO DEAT	1 Po	- mil	leave	o-ff	VEN IN PART	PEF	AS AUTOPSY REORMED?
	G CAUSE OF DEATH Y MEDICAL EXAMINER)				NJURY (Home, fari				County)	(Stote
WEDICAL TIME OF INJU Haur a.m. p. m.	10	While	The second secon		et, office bldg., et			,	,,	
	at (I) (this hospita used alive an(s	1) attend 0/15	ded the deceased fr		1.00-		the causes ar		that (I date state	
22g. SIGNATURE	bertst	RS	recen	M.D. AT	TENDING N	AED.	STAFF PHYS.	16	Oct 19	226. DATE 961 SIGNE
22c. PHYSICIAN'S NAME (Type)	Robert	4.	Pilgrein	220	Pro F.	Bla	19, Fre	. Ler	ick	
23a. BURIAL, CREMATION REMOVAL (Specify Burial	ON, 23b. DATE THEREO	-	Mount Oliv				ION (City, town,	or county)	Maryl	Stote)
24. FUNERAL DIRECTO			ADDRESS			D BY REGIS	TRAR 2Sb. REG	ISTRAR'S SIC		514
M. R. Etcl	nison and S	on. F	rederick. M.	arvland	DATE (CT 1 9	61 6	Lillan 8	Fireus	



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEAT 2. USUAL RESIDENCE (Where decaesad lived, If institution, Residence before edmission) a. COUNTY b. COUNTY Frederick MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) by ed in ges 1 life Bartonsville Rt 6 Bartonsville Rt Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Bartonsville Rt NAME OF 4. DATE Middle Last DECEASED OF (Type or print) DEATH Harry Snowden 10 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | lest birthdey) Months Male WIDOWEDX DIVORCED negro 10e. USUAL OCCUPATION (Giva kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY гетоме 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired Lime cCo Frederick, Md laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .= aftending Jennie Smith and Greenberry Snowden 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Then noval, (Yes, no, or unkown) | (If yas give wer or detas of service unknown 122 East St Frederick, Md Tda Brown the attending physician. has been signed by the burial-transit permit. 1B. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY RTERY THROMBOSIS CORONARY IMMEDIATE CAUSE (e) DUE TO ARTEROSCLEROTIC HEART DISEASE Conditions, if any, which geve rise to immediata cause DUE TO (e), stating the underlying has GENERALIZED ARTEROSCLEROSIS the buri hospital or certificate PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION as 0 use prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PHY. OR CONTRIBUTING | CAUSE OF DEATH for ined by the (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) factory, streat, office bldg., atc.) While Not While jo et work et work DIRECTOR: 3 should be del 21. I certify that (I) (this hospital) attended the deceased from FEB. 26...., 1961, to OCT. 28, 19.6. That (I) (we) last saw the deceased alive on OCT -8 22a. SIGNATURE ATTENDING 3 DIRECTOR PHYS. PHYS. FUNERAL page with th 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type DAMAZO ST FREDERICK . MD director, I 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23d, LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) Bartonsville.F Burial 10-31-61 Bartonsville 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) C.E. Hicks DATE NOV 2

Frederick, Md

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Frederick

Day

28

Deys

(County)

Calling & King

e. IS RESIDENCE ON A FARM?

YES NO

19 61

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

1-HR

YRS

YRS

PERFORMED?

NO To

(Stete)

22b. DATE

(State)

SIGNED

12. CITIZEN OF WHAT COUNTRY?

U.S.A

Yeer

BIREW met YESTA YOUR HOLDE

THE SHIP OF THE STATE OF THE ST

CHEST JULY LETTER CLEENING

WEST. TO SECOND TO SECOND

FRANK INMEDIANCE W. O. O. D. ST. KNEDENICK, I

Like as all . . .

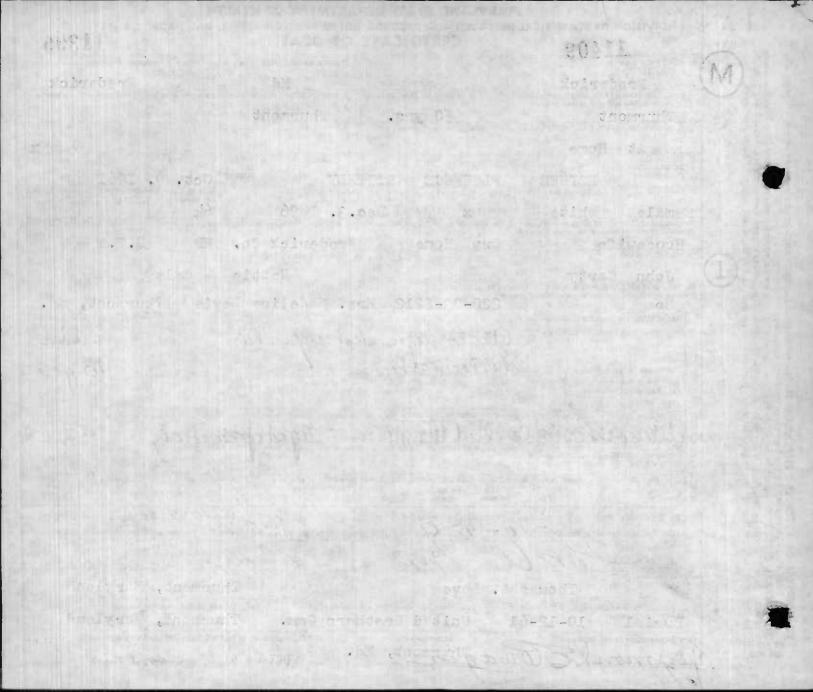
TC. **COSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a page 4 may be retained by the hospital or attending physician.

S. TC. **VONERAL DIRECTOR: After this certificate has been signed by the attending physician and contains the funeral and a should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MADVIAND STATE DEDARTMENT OF HEALTH

m	ARTLAND STATE DEPARTMENT OF HEALT	п
DIVISION OF STATISTICAL R	ESEARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
11400	CERTIFICATE OF DEATH	11395

	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence. STATE b. COUNTY	e before admission)								
1-	Frederick MARYLAND	Md Frede									
	b. CITY OR TOWN (if outside corporete limits, writa RURAL end give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give n	eerest town)								
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Thurmont d. Street Address	a. IS RESIDENCE								
	d. NAME OF HOSPITAL OR INSTITUTION (II not in nospital, give street address)	d. SIREEI ADDRESS	ON A FARM?								
	At Home		YES NO								
3	NAME OF First Middle DECEASED	Last 4. DATE Month Day OF	Yeer								
	(Type or print) ESTHER FLORENCE ST	ITELY DEATH Oct. 9. 1961	19								
5	SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED		IF UNDER 24 HRS.								
	7. MAKRIED NETER MAKRIED	last birthdey) Months Deys	Hours Min.								
		ec. 3. 1896 64 yrs.									
"	De. USUAL OCCUPATION (Give kind of work long during most of working tifa, aven if retired)	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF	WHAT COUNTRY?								
	Housewife Own Home	Frederick Co. MD U.S.A									
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME									
	John Carty	Nettie Weddle									
1 1	John Carty 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.										
	fes. no. or unkown) ([fives give war or dates of service]	Mrs. Madeline Lewis Thurmont	Md.								
			The second second								
и.	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART t. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH										
	IMMEDIATE CAUSE (6)	edeal infarching	hour.								
	4201 DUE TO 0 4										
	Conditions, if eny, which > (b) Culling Scher	11	5 ne ne								
	geve rise to Immediate ceuse	10	Jag Cary								
	(a), steting the underlying DUE TO										
	cause last. (c)										
O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART CALCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port by Port III of item 18.) OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTR										
¥	Vistesioselapli Cerebral thursdry	nis + 4 year reversely	ES NO								
TE	200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURE	ED. (Enter neture of injury in Pert t or Pert II of item 18.)									
E S	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	V /									
14	20c, TIME OF INJURY Month, Dey, Year 20d, INJURY OCCURRED 20a, PI	LACE OF INJURY (Home, farm, 20f. (City or town) (County)	(Stata)								
MEDICAL	Hour a.m. While Not While	ctory, street, office bldg., etc.)									
×											
	21. I certify that (I) (this hospital) attended the deceased from	19, to	nat (I) (we) last								
1	saw the deceased alive on 2 12 - 9 19 6/, and the	at death occured at O. Jahn, from the causes and on the da	te stated above.								
	22ac NATURE		22b. DATE								
	1. 11x 11. 71x.	M.D. PHYS. DIRECTOR PHYS.	SIGNED								
1	(SICIAN'S	22d. ADDRESS									
	Thomas A. Love	Thurmont, Maryla	and								
			(Stete)								
12	30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER)		_ '								
	Burial 10-12-61 United Bre	thern Cem. Thurmont, Maryl	alla								
3	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAT	URE								
XI	amon & Thurmont,	Md. DATECT 16'61 Gribus & Thomas									
4	ay in the same	UNIT OF CHAMP 2, 700 MA									



**COSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the Page 4 may be retained by the hospital or attending physician.

**CYNTERAL DIRECTOR: After this certificate has been signed by the attending physician and content of the place of the plac VR A15 (4) 15M 9/60

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15. (Ye

MEDICAL CERTIFICATION

23

DIVISION OF		RYLAND STATE DE			LTIMORE	1, MARY	LAND			
		CERTIFICATE	OF DEATH	1		1	100	. (3		
PLACE OF DEATH	410		2 HOURS BECIDES	ICE (Where deceases	I live at 16 I making	stine Posidos	122	(mission)		
. COUNTY Frederi	ick		2. USUAL RESIDENCE (Where daceased lived, If Institution: Residence barore admission) a. STATE b. COUNTY							
		MARYLAND	Mary			rederi				
b. CITY OR TOWN (if out write RURAL and give Frederick	tside corporata limits, a naarast town)	c. LENGTH OF STAY IN 16	11	(If outside corporate I	imits, write RUF	AL and giva	naarast tow	rn)		
d. NAME OF HOSPITAL	OR INSTITUTION (if not i	n hospital, giva streat address)	d. STREET ADDRESS					ESIDENCE		
Frederick M	Memorial Hos	pital	108	West Third	Street			NO XX		
NAME OF DECEASED	First	Middla	Last	4. DATE	Month	Day	Yea			
(Typa or print)	EDYTH	BOLLING S	SUMMERS	OF DEATH	Octob	per 28	3. 19	61		
SEX 6.			DATE OF BIRTH	9. AGE	(In years IF U		IF UNDER			
Female	White WID	OWED DIVORCED 2	O Dec 1915	45	yrs.	nths Days	Hours	Min.		
. USUAL OCCUPATION na during most of working	(Give kind of work 1 life, even if ratired)	Db. KIND OF BUSINESS OR INDUSTRY				12. CITIZEN C	F WHAT C	OUNTRY?		
House-wo		At Home		wn, Maryla	nd	USA				
FATHER'S NAME			14. MOTHER'S MAIDEN	INAME						
Harry D. Sh	nankle		Ossie Pon	ton						
WAS DECEASED EVER IN	VU.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT		Address					
No	3110 1101 01 00103 01301 1103	216-09-0041 Но	yt J. Summe	rs (Same	as item	1 #2)				
18. CAUSE OF DEAT	TH [Entar only one causa	par line for (a), (b), and (c).)	01				SET AND			
PART I. DEATH W	AS CAUSED BY:	twer curlist	rs.				out o			
581.0	DUE TO							0		
Conditions, if any, w										
gava risa to immadiata	causa									
(a), stating the under cause last.	Tying									
	ONIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE COND	TION GIVEN II	N PART 1(a) 1	9. WAS A	UTOPSY		
							PERFC	RMED?		
20a. ACCIDENT WAS	INDERLYING II 1 20h	DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in	Part Lor Pert II of ita	m 18)		163 🗀	TA.		
OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEATH	DESCRIBE HOW INSORT OCCURED.	, (Lino) harara or many m							
	1	20d. INJURY OCCURRED 20a. PLA	CE OF INJURY (Homa, far	m, '2Df. (City or to	l	(County)		(Stata)		
20c. TIME OF INJURY Hour a.m.		While Not While factor	ory, streat, office bldg., at		W 11)	(County)		(31010)		
p.m.	19	t work at work		1	7 20					
		attended the deceased from	Jerus	1957, 100		., 19				
saw the deceased	alive on Jet	25 196/, and that		15.M, from the	causes and	on the d				
22a. SIGNATURE	11. 10E	ttbam M.	ATTENDING PHYS.		AFF YS.	29 Oc		SIGNED		
22c. PHYSICIAN'S	11/100	M.	22d. ADDRESS			2, 00				
ALALLE IT A	. A. Dettba	rn, M. D.	Walkersv	ille, Mary	land					
BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION			(S	tata)		
Burial (Specify)	10-31-61	Mount Olivet		Frederi						
FUNERAL DIRECTOR'S S M. R. ETCHT FLAME		Frederick, Md.		NOV 1 '61		PAR'S SIGNA				
	U									

Party I. Shunge

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Division the Length to the Verter of

(September 1989) Et. Herry A. College & Colleg

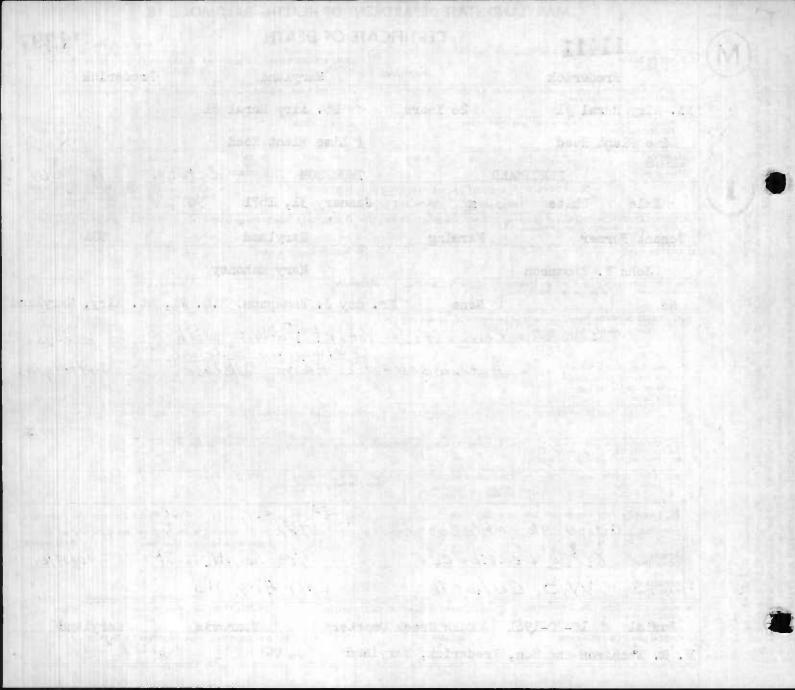
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Broulers and In-11-ou Mount office of Committee of Commit Line of the control o

VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7	1411		CERTIFIC	ATE OF I	DEATH	1		Reg. Dist.	No. J	1397
1. PLACE OF DEATH o. COUNTY	rederick		MARYLAND	II O STATE	DENCE (Wharylan	ere deceosed live	1	reder		nission)
b. CITY OR TOWN RURAL and give	(If outside corporate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If o	utside corporate l	imits, write R	URAL ond give	e nearest te	own)
Mt. Airy R	- 0-		26 Years	Mt.	Airy	Rural #1	L			
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital, g	give street	address)	d. STREET	ADDRESS					RESIDENCE N A FARM?
Lime Pla				Lime	Plant	Road				NO [
3. NAME OF DECEASED (Type or print)	FERDT		Middle	THOMPS		4. DATE OF DEATH	cto be		Day 16	Year 196/
5. SEX	6. COLOR OR RACE		IED NEVER MARRIED	B. DATE OF BIRT	Н	9. A	GE (In years	IF UNDER 1		
Male	White	WIDOW		January	31, 1	.871 10	stoothday)	Months De	ays Hou	ırs Min.
10a. USUAL OCCUPAT during most of wo Tenant Fa	ION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPI	Maryl	or fareign country	1)	12. CITIZE	N OF WHA	T COUNTRY?
13. FATHER'S NAME				14. MOTHER'S						
John	W. Thompson			1000	Marv	Mahoney				
S. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFORMANT			Addr	ess		
Yes, no, or unknown)	If yes, give war or dates af s	ervice)	None Mr	. Roy J.	Thoma	son R.I	. #1.	Mt. Ai	rv. 1	larvla
	EATH [Enter only one co	use per lin		1103 0	ZIIOM	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11-1		INTERVAL	BETWEEN
	EATH WAS CAUSED BY:	1.	neestive	Heart	Fa:	here .	1+1		ONSET AL	ND DEATH
Conditions, if gave rise to cause (o), sloting lying cause lost	the under-	_A,	rterio scler		eart	Dise	Sp		Sover	·al year
PART II. OT	ther significant con	DITIONS C	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	O THE TERMI	NAL DISEASE CO	NDITION GIV	EN IN PART 1	PER	AS AUTOPSY RFORMED?
	VAS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture o	of injury in f	art I or Port II at	item 1B.)			
20c. TIME OF INJU Haur a. m. p. m.	10	20d. It While of world	_ Nat while _	LACE OF INJURY (octory, streel, office	Home, farm e bldg., etc.	20f. (City or to	own)	(Cou	onty)	(State)
21. I certify to alive an	. A'	deceas , 19 k	ed from, and that deat	h accurred at	7100	M, fram the ADDRESS (Street,	causes an		date stat	deceased ted abave DATE SIGNED
PHYSICIAN'S NAME (Type)	W.B.		/we//	/	Mt	firy, M	d			
220. BURIAL, CREMATI REMOVAL (Specify	y)		22c. NAME OF CEMETERY			22d. LOCATION				Stote)
Burial	10-20-19	61	Bush Creek C	emetery		Monrov			rylar	nd
23. FUNERAL DIRECTO		- TO-	rederick. Marv	land	24a. REC'I	BY REGISTRAR		TRAR'S SIGN	10	
Ma Sa MICH	OG DOR GOETI	TI A PIT	LEGELTCK WIST. A	Tolle	L DATE WI	MI W W	-	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		



the funeral executed within 24 hours after and letely filled in by The Page 4 may be retained by the hospital or attending physician.

TUNERAL DIRECTOR: After this certificate has been signed by the attending physician and contents filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any every. The law requires that the death certificate be OR ATTENDING PHYSICIAN:

OSPITAL

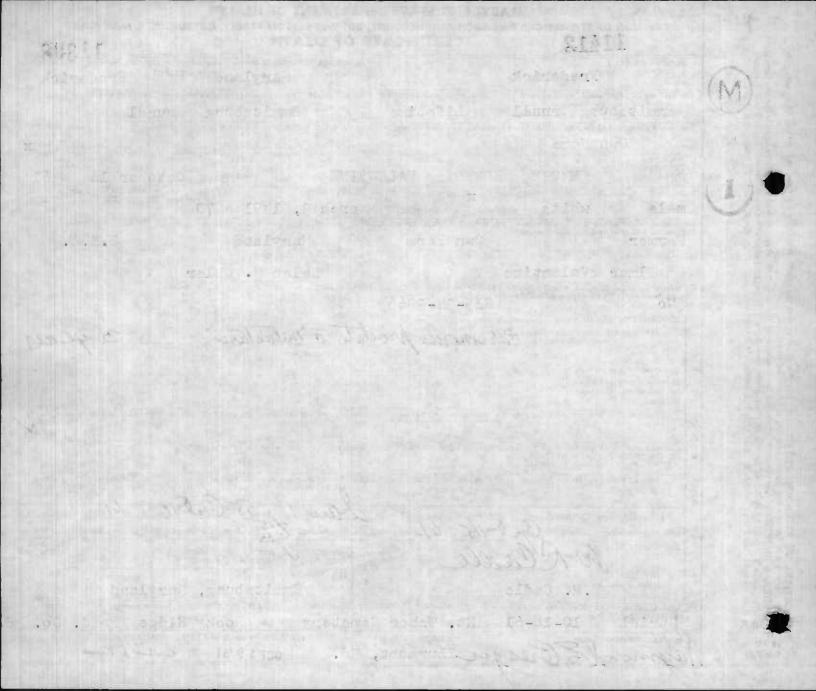
VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11412 CERTIFICATE OF DEATH

-	- 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4					11375			
. PLACE OF DEATH	Frederick			ence (Where deceese laryland	L COLINITY -	rederick			
L CITY OF TOWAL		MARYLAND							
write RURAL end	if outside corporete limits, give neerest town) Urg rnall	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)						
Emmitso	urg ruaal	Lifetime	X En	nmitsburg	rural				
d. NAME OF HOSPIT	TAL OR INSTITUTION (if not	in hospitel, give street eddress)	d. STREET ADDRE	SS		e. IS RESIDENCE			
	n Home					YES NO			
DECEASED (Type or print)	First EMORY	ERNEST VALE	NTINE	4. DATE OF DEATH	October	16 19 61			
5. SEX	6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	B. DATE OF BIRTH		(In yeers IF UNDER 1 Y	EAR IF UNDER 24 HRS			
male	white w	DOWED DIVORCED	March 3,	1891 70	birthdey) Months D	eys Hours Min.			
De. USUAL OCCUPATI	ION (Give kind of work	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (C	ounty & Stete, or foreig	n country) 12. CITIZ	EN OF WHAT COUNTR			
Farmer Own Farm		Mar	yland	1	J.S.A.				
3. FATHER'S NAME			14. MOTHER'S MAID		L				
Elmer	Valentine			n M. Ohle	er				
5. WAS DECEASED EVE	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 1 17.			Address				
Yes, no, or unkown) (II	fyes give wer or detes of service	° 215-34-3966							
18. CAUSE OF D	EATH [Enter only one cour	se per line for (e), (b), end (c).]				INTERVAL BETWEEN			
PART I. DEATH	H WAS CAUSED BY:	alone The	itite an	2/1-		ONSET AND DEATH			
1500	IMMEDIATE CAUSE (a)	aremorna pro	wave com	cellsices		2 year			
1 / / / X	DUE TO					1			
Conditions, if any	, which \ (b)								
geve rise to Immedi	ele ceuse				THE A HOLL				
(e), steting the un	nderlying DUE TO								
ceuse lest.) (c)	IS CONTRIBUTING TO DEATH OUT A	OT DELATED TO THE TER	NUMBER OF SOME	TION OVEN IN BART	WAS AUTORS			
PART II. OTHER 200. ACCIDENT WAR OR CONTRIBUTING (IF EITHER, NOTIFY	SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT N	OI KELATED TO THE TEN	WINAL DISEASE COND	IIION GIVEN IN PAKI	PERFORMED?			
20e. ACCIDENT W	AS UNDERLYING 2DE	b. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury	in Pert I or Pert II of its	m 1B.)				
(IF EITHER, NOTIFY	MEDICAL EXAMINER)								
20c. TIME OF INJU	IRY Month, Dey, Year		ACE OF INJURY (Home,		wn) (Coun	ly) (Stete)			
20c. TIME OF INJU Hour e.m.		THE PARTY OF THE P	ctory, street, office bldg.,	etc.)					
	19	et work et work	Ja i	2-10	And to	1			
21. I certify the	hat (I) (this hospital)	attended the deceased from	D'un 1	1907 10 Co		%, that (I) (we) la			
saw the deceas	sed alive on	15 196/ and the	it death occured a		causes and on th	e date stated above			
22e. SIGNATURE	1.00	1		1		22b. DATE			
	WICA	all	M.D. PHYS.		YS.	SIGN			
22c. PHYSICIAN'S			22d. ADDRESS						
NAME (Type)	W.R. Cadle		En	mitsburg.	Maryland				
3e. BURIAL, CREMATI	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY			(City, town or county)				
REMOVAL (Specify)	10-18-61			Rocky		red. Co.			
4 TUNERAL DIRECTOR	S SIGNATURE	ADDRESS	25e.	REC'D BY REGISTRAR	256. REGISTRAR'S SI				
Pagaga	17 FOOD 1	Mr. Thurmont,		OCT 1 9 '61	Chilhun S.				
HIMMININA	A STORY	TULL OLLING HILLING	DATE	111.4 1 2 0	Commit D.	,			



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11413 haurs after death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND edenic ATULUM funeral old be fi b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) **RURAL** and give nearest tawn) d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? OR INSTITUTION YES NO P ICTOR .⊆ NAME OF 4. DÂTE First Middle Manth Day Vegt DECEASED OF DEATH 10 (Type ar print) auahan 00 B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED last birthday) Manths 10-8 Days Haurs DIVORCED X WIDOWED [cample paper 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of warking life, even if retired) Teacher and O 13. EATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion certificate 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 200 attending PHYSICIAN: The law requires that the death INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH [Enter only one cause per lige for (a), (b), and (c).] a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO þ permit. Conditions, if any, which (b) gned gave rise to immediate DUE TO cause (a), stating the undercertificate has been si lying cause last. burial-transit attending physician OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY crematian, PERFORMED? ear YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State) Day, Year factory, street, affice bldg., etc.) Haur a. m While Nat while After this at wark at wark detached far 21. I certify that (I) (this haspital) attended the deceased fram. that (I) (we) last , and that death accurred at saw the deceased alive, M, fram the causes and an the date stated above. be retained by the CWERAL DIRECTOR: 22a SIGNA 22b. DATE SIGNED ATTENDING STAFF PHYS. MED. DIRECTOR pe M.D. PHYS af 22c. PHYSICIAN'S 22d. ADDRESS shauld NAME (Type) an 3 tat 23d LOCATION (City, Jown, of) county) 23a, BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY REMOVAL (Specify the 156 REGISTRAR'S SIGNATURE 24 FUMERAL DIRECTOR'S SIGNATURE 2Sq. REC'D BY REGISTRAR VR A15 (4) 14 Thous 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	11414	CERTIFICATE	OF DEATH	11400
1	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where decessed livers)	
	Frederick	MARYLAND	o. STATE b. Marvland	COUNTY
ſ	 b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limit	is, write RURAL and give naerest fown)
		life	Rural Sunnysi	de Rt 4
	Rural Sunnyside H. NAME OF HOSPITAL OR INSTITUTION (IF	not in hospital, giva streat address)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
	Sunnyside, Rt 4		Sunnyside, Rt 4	YES NO X
ì	3. NAME OF First DECEASED	Middle	Last 4, DATE OF	Month Dey Year
ı	(Type or print) Bertha	Mae	Weedon DEATH	10 27 19 61
	5. SEX 6. COLOR OR RACE	. MARRIED X NEVER MARRIED B	DATE OF BIRTH 9. AGE (In	hdey) IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
ŀ	emale negro	WIDOWED DIVORCED	5-8-1883 78	yrs. Months Deys Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or ore.gn co	ountry) 12. CITIZEN OF WHAT COUNTRY
ı	Midwife	भूतते के का कर कर के कि के के के के के के के कि	Frederick, co, Md	U.S.A
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
١	Charles Bowens		Kitty Calaman	
1	15. WAS DECEASED EVER IN U.S. ARMED FORC		NFORMANT	Address Frederick, Co
ı	no (Tryasgive war or derasorser		loward M. Weedon R	t 4 Sunnyside
ľ	18. CAUSE OF DEATH Enter only one of	euse per line for (a), (b), end (c).]	A 0 A	INTERVAL BETWEEN
١	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Phanie Aprice	ating loout dulis	NO. ONSET AND DEATH
ı	420.0 DUE TO	C. Cong		100000
Ł		AL TONIAS CLOS	ative beaut desir	i Venso
ı	gave rise to immediate cause	Maria - 2004	The state of the state of	gas,
ı	(a), stating the underlying DUE TO cause last.	0		
ı	(c)_	ONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(e) 19, WAS AUTOPSY
ł	PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH UT (IF EITHER, NOTIFY MEDICAL EXAMINER)			PERFORMED?
١	200. ACCIDENT WAS UNDERLYING	205 DESCRIBE HOW INITIDY OCCURREN	. (Enter neture of injury in Pert I or Pert II of item 1	YES NO -
ŀ	OR CONTRIBUTING CAUSE OF DEATH	208. DESCRIBE HOW INSORT OCCURED	. (Lines helde of injery in tent to tron it of hem)	ν·)
		Land INITIAL OCCUPATO Land BLA	CE OF INJURY (Home, farm, 20f. (City or town)	(County) (Stete)
I	20c. TIME OF INJURY Month, Dey, Yeer Hour a.m.		CE OF INJURY (Home, farm, 20f. (City or town) ory, street, office bldg., etc.)	(County) (State)
l	p.m. 19	at work at work		
ı	21. I certify that (I) (this hospital	I) attended the deceased from		1.2.7, 1961, that (I) (we) las
ı	saw the deceased alive on	0./2519 (0.1, and that	death occured at	auses and on the date stated above
ı	22e. NGNATURE)'	ATTENDING MED. STAFF	22b. DATE SIGNED
I	James 5. T	vorus. M	.D. PHYS. DIRECTOR PHYS.	
1	22c. HISICIAN'S NAME (Type)		22d. ADDRESS	
l	James B. Thom	as		
ľ	23a. BURAL, CREMATION, 23b. DATE THERE		OR CREMATORY 23d. LOCATION (C	City, town or county) (Stata)
1	REMOVAL (Specify) Burial 10-30-6	Sunnysid	e Freder	ick Maryland
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a PEC'D BY PEGISTRAR 25	56. REGISTRAR'S SIGNATURE
	1 9 Hich 11	Frederick, Md	DATE NOV 2 '61	arthur S. Kraus
	111111111111111111111111111111111111111	I I OUGI I ON INIU	107.112	

A SHEW THE WIND STANDING OF THE WINDS A. I. B. C. Maria Constitution of the second seasons and the second seasons and the second seasons and the second seasons are second seasons as a second season season seasons as a second season season seasons are seasons as a second season Lieu to the 2 Jan Copens La trend 16 (4.5) A LOW W Da. ricele de Presentat, de

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AVI	AKILAND SIAIE DEP	AKIMENI OF HE	ALIN	
DIVISION OF STATISTICAL F	RESEARCH AND RECORDS,	301 W. PRESTON STI	REET, BALTIMORE 1, A	AARYLANI
11415	CERTIFICATE	OF DEATH		114

		W C 34
1. PLACE OF DEATH 6. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence	before edmission)
Frederick MARYLAND	o. STATE b. COUNTY Frederic	k
b. CITY OR TOWN (if outside corporate limits, write RURAL and give necrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give ne	
Thurmont I vr	Thurmont	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	a. STREET ADDRESS nt	. IS RESIDENCE ON A FARM?
I Park Lane 3. NAME OF First Middle		YES NON
DECEASED	WIT CON DEATH OCT . I9. 196:	Yeer
	ILTEROW	- 19
7. MARKIED NEVER MARKIED		Hours Min.
Mair White WIDOWED DIVORCED A	pril 14.1886 75 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		WHAT COUNTRY?
Maintainance man Lehigh Cement C	Near Union Bridge . Md U.S . A	A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William W. Wilson	Susan Hildebridle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Ifyes give were redetes of service)		3 7
No 213-03-1094.		Park La
16. CAOSE OF DEATH fenter only one ceuse of line for (a), end (c).		RVAL SETWEEN
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) CREEKER THE	molais 4	dance
42 1 DUE TO 4		10
Conditions, if any, which \ (b) A.5 CUD		5-11-
geve rise to immediate cause (a) risting the underlying DUE TO		
(e), steting the underlying cause lest.		
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	YE	PERFORMED?
). (Enter neture of injury in Pert I or Pert II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
U	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) tory, street, office bldg., etc.)	(State)
Hour e.m. p.m. 19 et work et work		
21. I certify that (I) (this hospital) attended the deceased from.	9/1960 19 to Det 196, the	at (I) (we) las
	death occured at 4 P.M. from the causes and on the date	e stated above
224. SIGNATURE		22b. DATE
JUDIO DAN	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	10/30/6
22c. PHYSICIAN'S	22d. ADDRESS	12961
NAME (Type) Thomas A.Love	Thurmont. Md	
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		(Stete)
REMOVAL (Specify) Set. 22.1961 Graceham (Cem. Graceham Fredk.Co.Md	
24 RUNERAL DIRECTOR'S AGNATURE ADDRESS Thurme	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATU	JRE
Townsond & Toreager Thurmo	ont. Md DATE OCT 23'61 Orthur S. Frank	
ay many	TAIL TAIL	

. 31 2 J.10 11 10 11 35000 1961 - 61 - 552 WINDSON BILLION MARKET walte waite to the control of the DA. O AND AND THE PROPERTY. I WAS A STATE OF THE PARTY OF Outres thimbers 45500 evol. A semont Birtel Set. 22.1961 Grassmun Sen. Grandish Frank, US. 3 The second of th OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

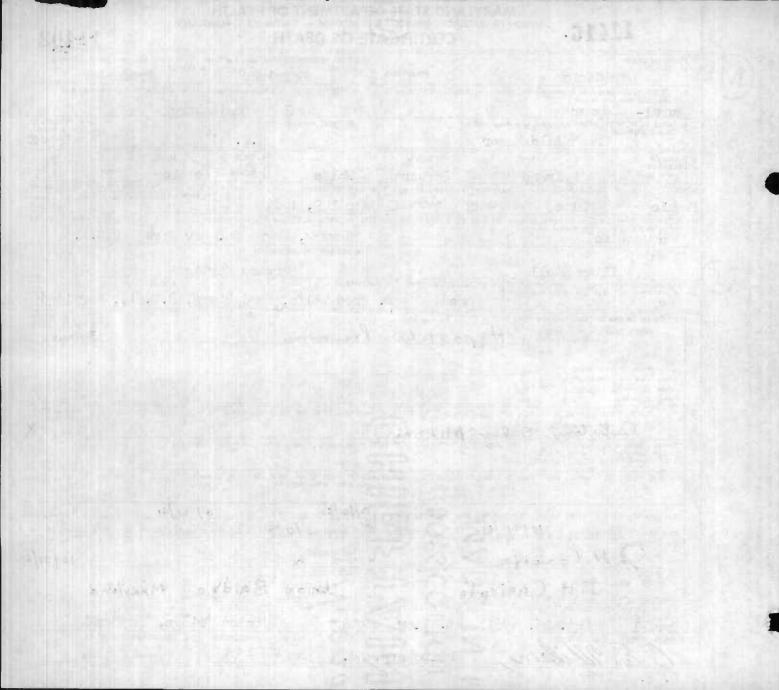
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11416

E. Wilson

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY					USUAL RESIDE	ENCE (Wh	ere deceased I	ived. If instit b. COUN		nce before	admissi	an)
Frede			MARYLA	ND		Fred		erick				
b. CITY OR TOWN (If outsing RURAL and give nearest Rural - Keym	lawn)	write c. LEN	GTH OF STAY IN	16		own (If o	utside corporo	tsburg		give near	est town)
d. NAME OF HOSPITAL (IF		e street address)			d: STREET AD		dial f day i Apple	000000		е	. IS RESI	DENCE FARM?
Bro	okfield N	lanor					R.D.#	1				NO K
3. NAME OF	First		Middle		Last		4. DATE	N	lanth	Day	١	Year
(Type ar print)	Irene		Barbara	ı	Wolfe		OF DEATH	Octob	er	21	1	1961
S. SEX 6. C	OLOR OR RACE 7	MARRIED _	NEVER MARRIED	8. D	ATE OF BIRTH		9.	AGE (In year		R 1 YEAR	1	
Female W	hite v	WIDOWED 🔀	DIVORCED [I A	oril 9,	1886	5	75 birthdoy	rs. Manths	Days	Hours	Min.
100. USUAL OCCUPATION (Giduring most of working life Housewife	ve kind af wark da e, even if retired)	ne 10b. KIND O	F BUSINESS OR I	INDUSTRY			or fareign cou			U.S.		OUNTRY
13. FATHER'S NAME				1.	4. MOTHER'S	1	,					
Willia	m Stell					Rarl	bara Ma	rtin				
15. WAS DECEASED EVER IN L	. S. ARMED FORCE		SECURITY NO.	17. INFOR	MANT	Duz.	004 60 210		ddress		-011	
(Yes, no, or unknown) (If yes,	give war ar dates of serv	Non	e	D. F.	red Wol	fe,	Emmitsb	urg, R	.D.#1	, Ma	ryla	ind
18. CAUSE OF DEATH	Enter only one cous	se per line for (o), (b), and (c).]							INTE	RVAL BE	TWEEN
PART I. DEATH W	AS CAUSED BY:	Hun	STATIC	. P.	nollima	~ .					day	
300 2	DUE TO	11/20	001000		1 200/12	, ACC					7	3-
Conditions, if ony, w	Lt-L V											
gove rise to immed	iate (00		-					
cause (o), stating the <u>ur</u> lying cause lost.	ider-											
	GNIFICANT CONDI	ITIONS CONTRIB	UTING TO DEATH	H BUT NO	T RELATED TO	THE TERMI	NAL DISEASE	CONDITION	SIVEN IN PAI	RT 1(o) 19	. WAS A	AUTOPSY
PART II. OTHER SIGNATION OF CONTRIBUTING ID. (IF EITHER, NOTIFY MEDICAL CONTRIBUTION OF CONTRI	tonic Si	chizo+	hReni	<u>a</u> -					7 38			NO 🔀
	AUSE OF DEATH	Ob. DESERBE H	OW INJURY OCC	.URRED. (E	nter nature of	injury in I	rart I or Port I	or item 18.)				
20c. TIME OF INJURY Mo	anth, Doy, Year 19	While No	OCCURRED 20 of while wark		OF INJURY (H , street, affice		, 20f. (City o	r town)		(County)		(State
21. I certify that (I)	(this hospital)	attended the	e deceosed fr	om 2	16/4	12	, .to	10/21/	61 19	, the	ot (I) to	wel las
saw the deceosed o	live on lol-	2/ /6/ 1	9 ond th	not deot	h occurred	\$10 45	M, from th	ne couses	and on th	e dote	stoted	above
220. SIGNATURE	^			277	ATTENIONIO						22E	SIGNE
J.H.	(arica)	fa		M.D.	M.D. PHYS. — DIRECTOR STAFF PHYS.						21/6	
22c. PHYSICIAN'S NAME (Type)					22d. ADDRES		-					
٥	.H. CA	RICOTE			Uni	ON	Brid	90,	MARY	land	•	
230. BURIAL, CREMATION, 2	Bb. DATE THEREOF	23c. N	AME OF CEMETE	ERY OR CE	REMATORY		23d. LOCATIO	ON (City, tow	n, or county)		(Stote	e)
REMOVAL (Specify) Burial	oct. 25,	1961 N	Mt. View	Ceme	tery		Union	Bridge	, Mar	yland	1	
24. FUNERAL DIRECTOR'S SIG	NATURE /	A	DDRESS				D BY REGISTRA		GISTRAR'S S			
4.6.11	Illson	1 1	Emmitsbu:	rg, M	id.	DATE O	CT 2 4 '61	-	wisher &	. Krau	A	



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11417

11/1/12

	1. PLACE OF DEATH a. COUNTY Firede	orek	MARYLAND	2. USUAL RESIDENCE o. STATE	(Where deceased lived. If b. C	institution: Residence	befare admission)	
	b. CITY OR TOWN (If outside RURAL and give nearest tow	corporate limits, write c. L	ength of stay in 16	c. CITY OR TOWN	(If outside corporate limits	, write RURAL and give	e nearest town)	
1	d. NAME OF HOSPITAL (IF no	t in hospital, give street addre		d. STREET ADDRES	SRITIZE SS	75x-	e. IS RESIDENCE ON A FARM?	
5	lipahalo	Home		316	178 N 37	137	YES NO K	
	3. NAME OF DECEASED (Type or print)	Harold	Middle	Young	4. DATE OF DEATH	Month Oct.	23 1961	
	s. sex 6. cou	,	J. T. C. M. MARKIES	B. DATE OF BIRTH	9. AGE (last bi 35	AL I I	YEAR IF UNDER 24 HRS. oys Hours Min.	
	10a. USUAL OCCUPATION (Give			STRY 11. BIRTHPLACE (S	-		N OF WHAT COUNTRY?	
	during most of working life,	even if retired)		Penr	ia,	(I.SA.	
	13. FATHER'S NAME			14. MOTHER'S MAID	EN NAME			
	Myer Young		Anna Shuke					
1	15. WAS DECEASED EVER IN U. S (Yes, no, or unknown) (If yes, give	S. ARMED FORCES? 16. SOCI.	AL SECURITY NO. 17.	IFORMANT		Address	0 .1	
	No	-	/Y	17. George	Byine	Blue Kidg.	e Summel	
3		er anly ane cause per line far		,	J		INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Status convulsivus							
	353.2	353,2 DUE TO						
	Canditians, if ony, which	ch) (b)						
	gave rise to immediate DUE TO							
	lying cause lost.							
А								
	CAT			PERFORMED?				
	PART II. OTHER SIGN 20a. ACCIDENT WAS UNDER OR CONTRIBUTING OR CONTRIBUT	SE OF DEATH	HOW INJURY OCCURRE	D. (Enter nature of injur	y in Part I or Port II af iten	n 1B.)		
	Note that the state of the stat	h, Doy, Yeor 20d. INJUR	farm, 20f. (City or town)	(Co.	unty) (State)			
	Hour a.m.	19 While at wark	., etc.)					
		his haspital) attended t	19.6/, to 23 0		, that (I) (we) last			
	saw the deceased alive an 23 (9c/196), and that death occurred at 220M, from the causes and an the date stated above.							
	Harry Hyrungs M.D. ATTENDING MED. STAFF PHYS. 10-23-16						0-23-6/	
	22c. PHYSICIAN'S NAME (Type)	1 H. Your	ids JR	Shue	RIDGE .	Summ.	T, PA.	
	23a. BURIAL, CREMATION, 23b. REMOVAL (Specify)							
	24. FUNERAL/DIREGTOR'S SIGNA	TURE	REC'D BY REGISTRAR 2	D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
	Haller 4	There is	larnes bere	D	OCT 2 4 '61	Circhun S.		
_				4				

